



## Consent for Dental Treatment Mature Minor (16-17 Years)

Authorisation for evaluation and/or treatment at The Happy Tooth Muswellbrook of a mature minor child unaccompanied by parent or legal guardian.

Normally at The Happy Tooth a parent or legal guardian must accompany a child younger than 18 years of age to consent for all dental treatment provided by Dentist/ Therapist for that child. **Please complete this form if your child will be coming for a visit without a parent or legal guardian being present.**

*I give permission for my child to receive dental treatment, including examination, x-rays, cleaning, fluoride treatment, fillings and any other dental treatment found necessary by clinicians at The Happy Tooth Muswellbrook. This consent will remain in effect until cancelled in writing.*

Parent\Guardians Name: \_\_\_\_\_

### Minor Patient:

Childs Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## Authorisation for mature minor patient to be unaccompanied for visits.

*I authorise and give consent for my child, identified above, to go independently to appointments and consent to all dental treatment determined to be necessary by the published guidelines "Dentistry for Children & Adolescents" without the presence of a parent or legal guardian.*

*I understand that I am still financially responsible for any dental expenses incurred by my child during these appointments.*

Parent or legal Guardian Name: \_\_\_\_\_

Parent or legal Guardian Signature: \_\_\_\_\_

Phone Number in case of emergency: \_\_\_\_\_

Date: \_\_\_\_\_