

Hudson Family Dentistry
3094 Hickory BLVD
Hudson, NC 28638
828-726-0202

PARENTAL CONSENT

Our goal at Hudson Family Dentistry is to provide the best dental care possible to all of our patients in a professional and safe environment. In an effort to meet this goal, we ask that the parents/legal guardians of all patients under the age of 18 be present throughout the entire dental appointment in case of an emergency or need to discuss /change treatment.

However, we do understand that there are times where a parent or legal guardian is not able to be present with the minor child for his/her appointments. In this case we ask that you provide us with the name of the person that will be bringing your child and consent that should an emergency occur or treatment changes, that person is able to make decisions on the child's behalf.

Thank you in advance for your cooperation.

I _____, consent to have, _____, bring my child, _____ to his/her appointment. I give my consent that should a medical emergency or change in treatment occur, _____, has the right to make decisions on my child's behalf.

Patient Name: _____

Parent/Legal Guardian Name: _____

Signature of Parent/Legal Guardian: _____

Date: _____

PLEASE ATTACH A COPY OF YOUR STATE ISSUED ID SHOWING PHOTO AND SIGNATURE