**CONSENT TO TREAT MINORS WITHOUT PARENT/GUARDIAN PRESENT & HIPAA CONSENT**

Although your presence at your child's dental appointments is ideal, we understand this is not always possible. Please review the following statements giving us permission to treat your child when you're not present.

I authorize Great Northern Dental Care to discuss my child/children's dental care with the person bringing my child to his/her appointments. I understand that medical/dental information relating to my child's care will be relayed to them on my behalf.

I authorize Great Northern Dental Care, PC and its personnel to deliver appropriate dental treatment and services to my child/children if I am not able to attend my child's appointment. Treatment may include, but is not limited to: dental examination, prophylaxis (cleaning), fluoride, x-rays, and any other necessary treatment.

During the course of treatment, unforeseen conditions may be revealed that necessitate a change to the treatment plan. I therefore authorize such procedures as are necessary and desirable be performed in the exercise of the dentist's professional judgment. I authorize Great Northern Dental Care to discuss treatment changes with the person attending my child.

I accept financial responsibility for treatment completed on behalf of my child/children.

I understand and agree that the signatures and dates on this form will not expire without written notice and a photocopy of this form is considered as valid as the original.

Child's name:________________________________________________DOB:____________________

Child's name:________________________________________________DOB:____________________

Child's name:________________________________________________DOB:____________________

Child's name:________________________________________________DOB:____________________

Child's name:________________________________________________DOB:____________________

Child's name:________________________________________________DOB:____________________

**Parent's Name**: ________________________________________________________________

**Contact Phone**: (c)____________________(h)________________________(w)____________________

**Parent/Legal Guardian Signature**: _________________________________Date:____________________