

Dayton Dental Care Unlimited
3609 N Dixie Dr.
Dayton, Oh 45414

Parent/Guardian Consent Form

**I understand the proposed treatment plan for my child.
(A copy of treatment plan will be given upon request)
The treatment plan may include, when deemed necessary
the use of local anesthetics, sedatives and/or relative
analgesia for the comfort and well being of your child.
I hereby give consent for the treatment of this minor.
I understand that the recommendations made to me may
change during treatment.**

**I understand that the parent/guardian will need to sign any
paperwork given.**

**I understand that the parent/guardian will remain on the
premises until the minor patient is finished with treatment.**

**By signing this form you are stating that you are the legal
parent/guardian of this minor. You may need to show
proof of legal guardianship.**

Parent signature _____

Guardian Signature _____

Date _____

