

**Brosy Family Dentistry  
175 Cadillac Place  
Reno, NV 89502  
775-826-1988**

**Consent for Treatment of Minor Children  
No Parent/Legal Guardian Present**

At Brosy Family Dentistry we understand that from time to time you may not be able to bring your child to their dental appointment. We will treat your child without you present for any and all dental procedures provided that:

1. The child is 16 years old or older
2. The parent/legal guardian is available by telephone
3. The parent/legal guardian has signed all required documentation
4. The parent/legal guardian has informed our office that they will not be present during the appointment before the child comes into their appointment

Minor children who are able to drive themselves to their appointments must have documentation from their parent/legal guardian giving permission to Brosy Family Dentistry to perform any and all dental procedures.

Nevada law assumes consent to emergency treatment has been given. As such the doctor should proceed in calling local emergency services if needed. In the event that an emergency or unexpected incident occurs, it is imperative that the parent/legal guardian be reachable.

**PERMISSION TO TREAT**

I give permission to Brosy Family Dentistry and staff to perform an dental treatment my child may need including, but not limited to fluoride treatments, diagnostic radiographs, examinations, composite fillings, sealants and extractions. If additional treatment is needed, Brosy Family Dentistry has my permission to perform that treatment regardless of my presence in the office.

In the event of an emergency, Brosy Family Dentistry and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

I understand and agree to Brosy Family Dentistry Treatment of Minor Consent Form and its terms.

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Best Contact Telephone Number while your child is in the office: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_