

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

**Consent for Treatment of Minor Children (16 y.o. and under)
No Parent/Legal Guardian Present (Permission Designated to Another Adult)**

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. Children 16 years old and younger are here with an adult
2. Permission is given on this consent form for procedures to be completed while parent is not present and indicates who would be bringing the child to their appointment
3. The parent/legal guardian is available by telephone
4. The parent/legal guardian has signed all required documentation
5. 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: _____