

# **Watsonstown Dental, P.C.**

Dale R. Chomas DMD     Joshua R. Henzler DDS  
151 Main Street, Watsonstown, PA 17777  
570-538-5533    www.watsonstowndental.com

## **Treatment of Minor Children**

### **No Parent/Legal Guardian Present**

At Watsonstown Dental, P.C., 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 the presence of a parent or legal guardian for any and all dental procedures provided that:

- The child is 14 years old or older
- The parent/legal guardian is available by telephone
- The parent/legal guardian has signed all required documentation.
- 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 bring written documentation from their parent/legal guardian giving permission to Watsonstown Dental, P.C. and staff to perform any and all dental procedures.

### **Minor/Child Consent Form**

I am the parent, guardian, or personal representative of \_\_\_\_\_  
(Please print name (s) of minor/child)

and there are no court orders now in effect that prohibit me from signing this consent. I do hereby request and authorize Watsonstown Dental, P.C. to perform necessary dental procedures for the child named above, including but not limited to fluoride treatments, diagnostic radiographs, examinations, restorations, sealants, and extractions.

If additional treatment is needed, Watsonstown Dental, P.C. and staff has my permission to perform that treatment regardless of my presence in the office.

In the event of an emergency, Watsonstown Dental, P.C. and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

I agree to Watsonstown Dental P.C. 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: \_\_\_\_\_