



Watson Dental PC

the gentle way to excellent dental care

151 Main Street
Watson, PA 17777
570-538-5533

Treatment of Minor Children
No Parent/Legal Guardian Present

At Watson 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 Watson 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 Watson 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, Watson 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, Watson 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 Watson 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: _____