



# Watson town Dental PC

*the gentle way to excellent dental care*

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

**Treatment of Minor Children**  
**With No Parent/Legal Guardian Present During Appointment**

At Watson town 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 parent/legal guardian is available by telephone
- The parent/legal guardian has signed all required documentation.

**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 town 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 town 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 town 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 town 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: \_\_\_\_\_