

# **Danville Dental Group, PLC**

**31 Mountain View Drive**

**Danville, VT 05828**

**802-684-1133**

## **MINOR/CHILD CONSENT**

I \_\_\_\_\_ being the parent or guardian of  
\_\_\_\_\_, do hereby request and authorize the dental staff  
to perform necessary dental services for my child which are deemed advisable by the  
doctor, whether or not I am present at the actual appointment when the treatment is  
rendered.\*

I can be reached at (phone #) \_\_\_\_\_ should there be an  
emergency or if there are questions relating to my child's treatment.

The following people can make dental decisions for my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This shall remain in effect unless I notify Danville Dental Group.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

\*I understand that routine care may include cleaning, examination, tooth restorations,  
fluoride treatments, x-rays and administration of anesthetics and specifically consent to  
those services and to emergency care. I ask that I be called if any other work is required.