



## Treatment Consent on Minor Child in the Absence of Parent/Guardian

I give the doctors & dental team at Roxbury Orthodontics & Pediatric Dentistry permission to treat my son/daughter/custodial child, \_\_\_\_\_ while I am not present.  
Child name

I am available by phone at the following number: \_\_\_\_\_

The person accompanying my child, \_\_\_\_\_, in my absence is authorized to make decisions regarding the above child's dental treatment, medical treatment and/or behavior management.

In addition, I grant Roxbury Orthodontics & Pediatric Dentistry, permission to make decisions regarding the above named child's dental treatment (including the use of nitrous oxide and additional restorative treatment that is found during treatment), medical treatment (if necessary should an emergency arise) and behavior management. A time of crisis occurs when some unfortunate incident happens. I understand if such a situation were to happen, it would be better as the parent/legal guardian to be available. However, in case of a threat to the minor's health and well-being, I assume consent to emergency treatment to be given and the doctors of Roxbury Orthodontics & Pediatric Dentistry should proceed in the best interest of the child by instituting the appropriate measures, such as CPR, calling the paramedics, etc.

\_\_\_\_\_  
Custodial parent or legal guardian signature

\_\_\_\_\_  
Date