



Authorization for Agent to Consent to Dental Treatment of a Minor

California

I hereby authorize _____
(an adult into whose care the minor(s) has been entrusted) to consent to any
X-ray examination, anesthetic, or dental diagnosis or treatment of:

(patient name) deemed advisable by a dentist or hygienist and provided by that
dentist or hygienist or under that dentist's or hygienist's supervision regardless
of where that treatment is provided.

Scheduled on: _____ (Date) _____ (Time)

This authorization is made under California Family Code §6910.

Signed: _____ Date: _____

Printed Name: _____

Contact #/Cell #: _____

Email address: _____

Please specify your relationship to minor:

- Parent with legal custody Guardian with legal custody

*Please note that a new completed consent form is required for each visit for your child.
