

## Dentistry for Children and Adolescents

It is required by law that a parent or legal guardian accompanies their child under the age of 18 during their appointments unless written consent is given. Please fill out the consent form provided and send with your child if they are coming by themselves or with someone other than their parent or legal guardian. Please include all current medications the child is taking and medical conditions.

I, \_\_\_\_\_, the parent and/or legal guardian agree to allow doctors Appelbaum, Dill, Varble and Wong and/or their associates and staff to perform necessary dental procedures without my presence.

### All Medical Conditions / Medications Taken

<u>Child(ren)'s Name</u>	<u>Medical Condition(s)</u>	<u>Medications</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date