HoHoKusDental
ASSOCIATES

Treatment of Minor Children

At HoHoKus Dental Associates, 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 you present for any and all dental procedures provided that:

1. The child is 14 years or older.
   OR
2. Children 13 years old and younger are here with an adult.
   a. Permission is given on this consent form for procedures to be completed while parent is not present and indicates who would be bringing the child to their appointment.
3. The parent/legal guardian is available by telephone.
4. The parent/legal guardian has signed all required documentation.
5. The parent/legal guardian has informed our office that they will not be present during the appointment before the child comes into their appointment.

Minor children who are able to drive themselves to their appointments must bring written documentation from their parent/legal guardian giving permission to HoHoKus Dental Associates to perform any and all dental procedures.

New Jersey law assumes consent to emergency treatment has been given. As such, the doctor should proceed in calling local emergency services if needed. In the event that an emergency or unexpected incident occurs, it is imperative that the parent/legal guardian be reachable.

Please see the following form giving us permission to treat your child/children without a parent/legal guardian present.

HoHoKusDental
ASSOCIATES

PERMISSION TO TREAT

I, _____, give permission to HoHoKus Dental Associates and staff to perform all dental treatment my child, _____, may need including, but not limited to fluoride treatments, diagnostic radiographs, examinations, composite fillings, sealants, and extractions. If additional treatment is needed, HoHoKus Dental Associates has my permission to perform that treatment regardless of my presence in the office.

In addition to consent for treatment, I am informing HoHoKus Dental Associates of the following regarding my child:

- Medications: _____
- Allergies: _____
- Medical conditions: _____

In the event of an emergency, HoHoKus Dental Associates and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

I understand and agree to HoHoKus Dental Associates 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 number while your child is in the office: _____

Alternate contact number: _____ Date of Appointment: _____