

**CONSENT**

Please be aware a person with 'parental responsibility' MUST either have attended the initial examination appointment or, if a parent is unable to attend the appointment with the child, please can you sign the form below, returning it with the accompanying adult. This will allow us to discuss and agree the treatment with the accompanying adult.

**PLEASE NOTE IF WE DO NOT HAVE THIS FORM HANDED BACK TO US AND COMPLETED WE WILL NOT BE ABLE TO PROCEED WITH ANY TREATMENT.**

I,..... (Please print)

confirm that I have given parental responsibility to the Guardian/carer named below:

..... (Please print)

to discuss and agree with the clinician any treatment my child, named below,

..... D.O.B ..... /..... /..... (Please print)

will receive at Apex Dental Group, Somerton / Street (delete as applicable)

Signed: ..... Date: .....

Relationship to patient .....