



Consent to treat a Minor

No parent/ legal guardian present (permission designated to another adult)

At Pagan Affinity Dentistry, 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 being present for any and all dental procedure provided that:

1. Children are here with an adult.
2. Permission is given on this consent form for procedures to be completed while the parent is not present and indicates who would be bringing the child to their appointment.
3. Parent/ Legal Guardian is available by telephone.
4. Parent/ Legal has signed all required documentation.
5. 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 appointment must bring written documentation from their parent/ Legal guardian giving permission to perform any and all dental procedures.

Georgia law assumes consent to emergency treatment that 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's imperative that the parent/legal guardian be reachable.

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

Permission to treat (PLEASE PRINT)

I, _____ give permission to Pagan Affinity Dentistry, to perform all dental treatment for my child, _____ may need including , but not limited to fluoride treatments, diagnostic radiographs, examination, composite fillings, sealants and extractions. If additional treatment is needed, Dr. Erick V. Pagan DMD, P.C, has permission to perform that treatment regardless of my presence in the office.

In the event of an emergency, Dr. Erick V. Pagan, DMD P.C, and staff had my permission to take any and all necessary steps to ensure the safety and well being of my child.

I understand and agree to Dr. Erick V. Pagan, DMD P.C.'s treatment of minor consent form and its terms.

Name of Parent/Legal guardian (please print): _____

Signature of Parent/Legal Guardian: X _____

Patient DOB: _____ Relationship to patient: _____

Best phone number while your child is in our office: _____

Date of appointment: _____