

TYLER ORAL AND FACIAL SURGERY

Notice to the Parents or Legal Guardians of a Minor

If your child is a minor you **must** be present at your child's **initial visit** to sign the parental consent form below and provide your child's social security number. The consent form you sign gives the physicians and staff of Tyler Oral & Facial Surgery permission to treat your child. Without a signed consent form, we cannot legally treat a minor child.

If you are not the parent, but are the **legal guardian,** you will need to provide legal documentation that you are the legal guardian. This information will be kept in the child's file.

CONSENT TO TREAT MINOR

I authorize Tyler Oral & Facial Surgery to treat and provide any healthcare services to my child that the provider deem necessary for treatment and/or diagnosis including biopsies. I also understand, in the course of treatment, photographs may be taken for clinical or educational purposes.

Unaccompanied Minors

I grant permission to treat and provide any healthcare services to my child that the provider deems necessary for treatment if my child arrives at the office unaccompanied. Initials _____

Minor Accompanied by others

If I am unable to accompany my child to the appointment, the below listed individuals have my permission accompany my child. This agreement is required in order for the unaccompanied child to be seen and treated. Initials _____

I further acknowledge this consent will remain in effect until either I revoke, in writing and delivered to you, or the minor reaches the age of 18 years.

Patient Name

Date of Birth

Parent/Legal Guardian Signature

Date

Witness Signature

Date

Parent/Legal Guardian Information

Name _____ SSN _____

Date of Birth _____ Relationship _____

Work # _____ Cell # _____ Home # _____

Name _____ SSN _____

Date of Birth _____ Relationship _____

Work # _____ Cell # _____ Home # _____

Other Individuals Allowed to Accompany My Child

Name _____ Relationship to Parent _____

Name _____ Relationship to Parent _____

Name _____ Relationship to Parent _____