

***MSMILINE CLINIC***  
**CONSENT FOR TREATMENT OF A CHILD UNDER 14**

I am the (parent or legal guardian) of \_\_\_\_\_, who is a minor child and I authorize examination and treatment as necessary by or under supervision of Dr. \_\_\_\_\_. This includes exposure of radiographs as necessary, use of local anesthetics, reasonable restraint as needed and use of appropriate medications and materials for such treatment.

Signature of parent or legal guardian \_\_\_\_\_

Dentist's signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_