



Consent form for unaccompanied children under 16 years of age

	Yes	No
I confirm that I give my consent for Wedgwood House Dental Practice to provide dental treatment for my child that is in their best interests. As a parent/parents, there may be occasions when I/we may not be able to accompany my/our child. I hereby give my consent for Wedgwood House Dental Practice to continue treatment when my child is accompanied by the following person or people:		
Any other family member, including brothers or sisters (if over the age of 16), aunts, uncles, grandparents		
Step parent(s)		
Named friends		
Other named person		

Full name and date of birth of child(children):
Full name of parent or legal guardian:
Signed:
Date:

Please note, without this consent we will not be able to treat your child.