



It is required by law that a parent or legal guardian accompanies their child under the age of 18 during their appointments unless written consent is given. Please fill out the consent form provided and send with your child if they are coming by themselves or with someone other than their parent or legal guardian. Please include all current medications the child is taking and medical conditions.

I, _____, the parent and/or legal guardian agree to allow doctors Dill, Varble, Wong and Parks and/or their associates and staff to perform necessary dental procedures without my presence.

All Medical Conditions / Medications Taken

Child(ren)'s Name	Medical Condition	Medications

Signature Date