**Child's Information:**

* Child's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Dental Examination:** I, the undersigned parent or legal guardian of the above-named child, hereby give consent for the child to undergo a dental examination. I understand that the examination may include, but is not limited to, a visual examination, X-rays, and other diagnostic procedures deemed necessary by the dentist.

**Purpose of Examination:** The dental examination is conducted for the purpose of assessing the child's oral health, identifying potential dental issues, and providing necessary recommendations for preventive or corrective dental care.

**Nature of Procedures:** I understand that the dental examination may involve the following procedures:

* Visual inspection of the teeth and oral tissues
* X-rays for diagnostic purposes
* Evaluation of the child's oral health and development
* Recommendations for oral hygiene and dental care

**Risks and Benefits:** I am aware that there are minimal risks associated with the dental examination procedures, and the benefits include early detection and prevention of dental issues that could impact the child's oral health.

**Emergency Medical Treatment Authorization:** In the event of a dental emergency requiring immediate medical attention, I authorize the dental professionals to administer any necessary medical treatment.

**Release of Information:** I understand that information obtained during the dental examination may be used for educational and diagnostic purposes. The information will be kept confidential in accordance with applicable privacy laws.

**Consent Validity:** This consent is valid for the specific dental examination and associated procedures mentioned above.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Date)