

University of Southern Indiana  
Dental Clinic  
8600 University Blvd.  
Evansville, IN 47712  
(812) 464.1706

**Parent or Legal Guardian Consent for Treatment**

I, \_\_\_\_\_, authorize the dental hygiene faculty and students of the University of Southern Indiana Dental Clinic to provide preventive and therapeutic services, which may include but not limited to examination, cleaning the teeth, dental x-rays, dental sealants and fluoride treatment for the following patient.

Patient's name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

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*Signature*

*Date*