

**Trevor S. Winegar D.D.S.
581 Pan American Dr, Suite 6
Harker Heights, TX 76548**

CONSENT RELATING TO TREATMENT OF MINOR PATIENT

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 here, and send it 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 all medical conditions.

I, _____ represent that I am the parent or legal guardian of _____, and hereby grant permission to Dr. Trevor Winegar and staff to perform dental procedures, including but not limited to x-rays, fillings, nitrous oxide (laughing gas), administration of anesthesia and any other services deemed advisable by the doctor even if am not present during the dental treatment.

All Medical Conditions/Medications Taken (use reverse side if necessary)

Medical Condition	Medication(s)
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature:

Date: _____