



Rhonda L. Kearney, DDS, MS, PLLC
Diplomate of the American Board of Pediatric Dentistry
451 Ruin Creek Rd., Suite #205 • Henderson, NC 27536
Tel: 252-492-KIDS (5437) • Fax: 252-492-5440
www.hendersonpedo.com

Consent for Treatment of Minor Child

In reference to HIPAA Omnibus Privacy Rule, I, being the parent or guardian of _____, do hereby request and authorize Dr. KEARNEY and his/her staff to perform necessary services for my child which are deemed advisable by the dentist, whether or not I am present at the actual appointment.

Below is a list of individuals who have permission to bring my child in for and make decisions regarding treatment (Please print names):

Signature of Parent or Guardian

Date and Time

Witness

Date and Time