



**Dental Consent for Treatment of Minors
in Parent/Legal Guardian Absence**

To comply with Wisconsin law, Wisconsin Health Fund requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by the court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical/behavioral health/dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

I (parent's name) _____ authorize:

Appointee's name _____

Relationship _____

Appointee's name _____

Relationship _____

Appointee's name _____

Relationship _____

Consent to:

- Any and all necessary medical/dental treatment at Wisconsin Health Fund

for my child:

Child's name _____ during the period:

- For a maximum period of 1 year from date signed.

If Wisconsin Health Fund providers should need to contact me before providing care they can reach me at:

Home phone _____ Work phone _____ Cell phone _____

I further agree to reimburse Wisconsin Health Fund/health care provider for the cost of rendering these services to the extent that my insurance does not pay for these services.

Patient signature (person authorized to consent for patient)

(relationship)

Child's parent/legal guardian address

_____/_____/_____
Date (month/day/year)