

ANNE ARUNDEL COMMUNITY COLLEGE

School of Health Sciences - Dental Hygiene Clinic

Health and Life Sciences Building (HLSB), Room 137

101 College Parkway, Arnold, MD 21012 Phone: 410-777-7213

Minor Patient Authorization Forms Overview

To ensure the safety, legal compliance, and continuity of care for patients under 18, the AACC Dental Hygiene Clinic requires specific authorization forms depending on how a minor attends appointments. These forms clarify parental consent for treatment, permission for minors to be seen without a parent present, and authorization for another adult to transport or accompany a minor. Together, they help protect patients, families, students, and faculty while supporting efficient clinic operations.

1. Parental / Guardian Consent for Treatment (Required for Minors)

What this does: Gives the clinic permission to examine and treat a patient under 18 (including X-rays, cleanings, periodontal care, anesthesia if needed, and emergency first aid). It also confirms the parent/guardian understands this is a teaching clinic and accepts financial responsibility.

2. Unaccompanied Minor Consent

What this does: Allows a minor to receive dental care **without a parent/guardian present** at the appointment, as long as the parent remains reachable by phone and accepts responsibility for care and fees.

3. Authorization for Accompanying Adult / Transport of Minor

What this does: Authorizes a specific non-parent adult to bring, pick up, and/or accompany the minor to appointments (and optionally approve emergency care), while the parent keeps overall responsibility.

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PARENTAL / GUARDIAN CONSENT FOR TREATMENT (Required for Minors)

Patient Information

Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Relationship to Patient: _____

Phone: _____ Email: _____

Section 1 – Purpose

The AACC Dental Hygiene Clinic is an educational facility providing oral-health services by dental hygiene students under the direct supervision of licensed dentists and dental hygiene faculty. Because the patient named above is under 18 years of age, parental or legal-guardian consent is required before any assessment, radiograph, or treatment may be rendered.

Section 2 – Scope of Authorization (Please check the appropriate boxes.)

- Comprehensive and periodic oral examinations
- Dental radiographs (X-rays)
- Preventive services (cleanings, fluoride, sealants)
- Periodontal and diagnostic assessments
- Local anesthesia and topical applications (if clinically indicated)
- Emergency first aid for unexpected reactions or dental incidents

Section 3 – Parent/Guardian Understanding (Please initial each to acknowledge.)

- I understand that care will be provided by dental hygiene students under licensed dentist and faculty supervision in an educational setting.
Initials _____
- All proposed treatment will be explained to me and the minor before it begins, and questions will be answered. Initials _____
- I understand that appointments may take longer than a private practice visit due to the learning environment. Initials _____
- I agree to notify the clinic of changes in the minor's health, medications, or allergies before each appointment. Initials _____

- I understand that I (or a designated responsible adult) must remain on-site while the minor is being treated unless otherwise approved by clinic faculty and I have completed the consent form to leave the minor unaccompanied.
Initials _____
- I consent to AACC Dental Hygiene Clinic’s infection-control, photography, and behavior-conduct policies that ensure a safe clinical environment.
Initials _____
- I understand that I remain financially responsible for any fees associated with the minor’s care. Initials _____
- I may revoke this authorization at any time in writing; otherwise, this consent remains valid for one year from the date signed. Initials _____

Section 4 – Emergency Authorization

In the event of an emergency during treatment, I authorize AACC Dental Hygiene Clinic staff to provide immediate first aid and, if necessary, contact Emergency Medical Services (911). I understand that I will be notified as soon as possible should such an event occur.

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

Section 5 – Signature of Consent

By signing below, I acknowledge that:

- I am the parent or legal guardian authorized to provide consent for this minor.
- I have read and understood the information above.
- I voluntarily consent for the minor to receive care at the AACC Dental Hygiene Clinic under the conditions described.
- I, the undersigned parent or legal guardian, acknowledge and agree that I am financially responsible for all costs, fees, and charges associated with the services provided to the minor named below. This obligation includes payment for any services rendered and remains my responsibility until the account is paid in full.

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Section 6 – Clinic Use Only

Witness (Faculty/Staff): _____ Date: _____

Notes: _____

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UNACCOMPANIED MINOR CONSENT

Patient Information

Minor Patient Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Relationship to Patient: _____

Parent/Guardian Phone: _____ Email: _____

Section 1 – Purpose

The AACC Dental Hygiene Clinic is an educational setting providing supervised oral-health care. The minor listed above is under 18 years of age, so written consent is required if they attend an appointment without a parent or guardian present. This authorization allows clinic staff to provide the necessary care described in the Parental/Guardian Consent for Treatment previously signed.

Section 2 – Authorization (Please check the appropriate box.)

I, the undersigned parent or legal guardian, hereby authorize the AACC Dental Hygiene Clinic to provide the following services to the minor listed above during appointments when I am not present:

- Oral examinations and assessments
- Dental radiographs (X-rays)
- Preventive care (cleanings, sealants, fluoride)
- Periodontal and diagnostic procedures
- Emergency first aid or stabilization of unexpected conditions
- Other: _____

I authorize dental hygiene faculty and students to proceed with these services under the direct supervision of a licensed dentist.

Section 3 – Communication & Responsibility

- I understand that I am responsible for discussing all treatment findings and follow-up recommendations with clinic faculty or students.
- I understand that AACC staff may contact me by phone during the appointment if clarification or additional consent is needed.

- I agree to be available at the contact number listed above while the minor is in the clinic.
- I authorize AACC to administer basic first aid and, if necessary, arrange emergency care (911 call or transport to nearest facility).
- I understand that I remain financially responsible for any fees associated with the minor's care.
- I may revoke this authorization at any time in writing; otherwise, this consent remains valid for one year from the date signed.

Section 4 – Authorized Accompanying Adult During Treatment (Optional)

I authorize the following individual to accompany the minor during treatment. This authorization does not permit the individual to consent to or make decisions regarding the minor's dental treatment except as authorized in writing separately on the AUTHORIZATION FOR ACCOMPANYING ADULT / TRANSPORT OF MINOR form.

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Section 5 – Signature of Consent

By signing below, I confirm that I am the parent or legal guardian of the minor named above and authorize the AACC Dental Hygiene Clinic to treat the minor when unaccompanied.

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Section 6 – Clinic Use Only

Reviewed by (Faculty/Staff): _____ Date: _____

Notes: _____

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AUTHORIZATION FOR ACCOMPANYING ADULT / TRANSPORT OF MINOR

Patient Information

Minor Patient Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship to Patient: _____

Parent/Guardian Phone: _____ Email: _____

Section 1 – Purpose

For the safety of all minors, the AACC Dental Hygiene Clinic requires written authorization from a parent or legal guardian if another adult will be responsible for bringing, accompanying, or transporting a minor to or from appointments. This form remains valid for the period indicated below or until revoked in writing.

Section 2 – Authorized Adult Information

Name of Authorized Adult: _____

Relationship to Minor: _____

Phone (Primary): _____ Alternate: _____

Email (if applicable): _____

Section 3 – Authorized Activities (Please check the appropriate box.)

- Transport Only: Authorized adult may transport the minor to and/or from the AACC Dental Hygiene Clinic but will not remain during the appointment.
- Accompany & Transport: Authorized adult may accompany the minor during the appointment, receive information on scheduling or aftercare, and provide or confirm consents as needed.
- Emergency Care Authorization: Authorized adult may provide consent for emergency first aid or EMS transport if the parent/guardian cannot be reached.

Section 4 – Validity & Limitations (Please initial each to acknowledge.)

- I understand that this authorization applies only to the individual(s) named above. Initials _____
- I understand that the authorized adult must present photo identification when bringing or picking up the minor. Initials _____

- I understand that the authorized adult cannot consent to new or elective treatment beyond the scope already approved under the Parental/Guardian Consent for Treatment form. Initials _____
- I may revoke or modify this authorization in writing at any time. Initials _____
- I remain fully responsible for the minor's conduct, safety, and financial obligations associated with care. Initials _____

Effective Date: _____ Expiration Date (if applicable): _____

Section 5 – Parent/Guardian Authorization

By signing below, I authorize the above-named adult(s) to accompany and/or transport the minor as indicated.

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____

Section 6 – Authorized Adult Acknowledgment

I understand the scope of this authorization and agree to comply with all AACC Dental Hygiene Clinic policies, including patient privacy and safety requirements.

Authorized Adult Signature: _____ Date: _____

Printed Name: _____

Section 7 – Clinic Use Only

Reviewed by (Faculty/Staff): _____ Date: _____

ID Verified: Yes No Form Filed in Patient Record: Yes No

Notes: _____