

Boys & Girls Club of Albany Dental Clinic Treatment Consent and Agreement Form

I, _____, as a legally responsible guardian of _____
(print parent/legal guardian name) (print child's name)

authorize and request the performance of dental services for child. This treatment may consist of dental x-rays, diagnosis, topical fluoride application and other preventive measures as well as restorations, extractions and preventive orthodontic (dental) procedures as recommended by the Dental Clinic dentists. I understand that the Dental Clinic dentists will use restorative treatment and behavior management that is reasonable and necessary, including local anesthetics and nitrous oxide as needed.

I consent that child may receive dental services provided by the Dental Clinic, and consent that their dentists and other agents and employees may furnish to the Dental Clinic employees and/or authorized organizations all information concerning the child's case history, dental examinations, written reports (and any accompanying photographs) with respect to the dental examination and the exam results. An authorized organization is one approved by the Dental Clinic at the Boys & Girls Club of Albany.

I consent and authorize the Dental Clinic program to file and collect any insurance, private or Oregon Medicaid/OHP reimbursement for dental services performed. I also certify that I understand and agree to the conditions described above.

Are you currently the legal guardian for this child?	YES	NO
Can you sign for medical treatment?	YES	NO
I have been informed of the risks involved with dental care	YES	NO

Parent/legal guardian name _____
(please print)

Relationship to child _____

Signature _____ Date _____



BOYS & GIRLS CLUB
OF ALBANY

Photo Consent and Release

I consent to the use of pictures, video or audio recordings of myself or my child for education, program promotion, including print, audio, video and web promotion. I also agree that any other material in connection with the Boys & Girls Club of Albany Dental Clinic may be used in promotional materials.

Signature of parent/legal guardian _____ Date _____