

Republic of the Philippines  
Department of Science and Technology  
PHILIPPINE SCIENCE HIGH SCHOOL – ILOCOS REGION CAMPUS  
Poblacion East, San Ildefonso, Ilocos Sur

**DENTAL CLINIC**

**C O N S E N T**

In behalf of \_\_\_\_\_ of

(name of student)

Minor age and a student of the PHILIPPINE SCIENCE HIGH SCHOOL – ILOCOS REGION CAMPUS, I, \_\_\_\_\_, of legal age, as Parent/Guardian, Hereby voluntarily give my consent to the PHILIPPINE SCIENCE HIGH SCHOOL – ILOCOS REGION CAMPUS DENTAL CLINIC, Poblacion East, San Ildefonso, Ilocos Sur, to administer anesthesia and to perform extraction treatments, restoration and other dental procedures on the said student as deemed necessary and/or advisable to his/her case by the Dentist of the school.

I therefore hereunder set my hand on this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month)

\_\_\_\_\_  
PARENT/GUARDIAN  
(Signature over printed name)

Address:

\_\_\_\_\_  
\_\_\_\_\_

Witness by:

\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_