



**Dental Hygiene Clinic**  
**31 College Drive**  
**Concord, New Hampshire 03301**  
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Email Address: [NHTIDentalClinic@ccsnh.edu](mailto:NHTIDentalClinic@ccsnh.edu)

**Legal Guardian Agreement**

In order to ensure safe dental hygiene treatment, it is imperative that NHTI Dental Hygiene Clinic is informed of any changes in each client's health status. There are multiple medical conditions and drug interactions that could pose a contraindication to dental hygiene treatment. Examples of changes in health status are:

- New prescription medications and over the counter medications*
- New diagnosis*
- Surgeries*
- Treatment in the emergency department*
- Newly discovered allergies to medications*
- Reactions to anesthesia*

As the legal guardian of \_\_\_\_\_, I understand the  
(Ward's name)

importance of informing NHTI's Dental Hygiene Clinic personnel and/or dental hygiene student of any changes in my ward's health status. I agree to contact NHTI's Dental Hygiene Clinic prior to each appointment to report any medical changes to ensure safe dental hygiene treatment.

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

6/10/10