

# TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_, give Alpha Dental and its affiliates,  
*Parent/Guardian name*

permission to treat my child, \_\_\_\_\_, while I am not present.  
*Child's name*

The individual bringing my child to the appointment is named, \_\_\_\_\_ and is at  
*Adult accompanying child*

least eighteen years of age and is the patient's \_\_\_\_\_. I also give this  
*Relationship to child*

individual permission to make decisions regarding my child's dental treatment, medical treatment (if necessary should an emergency arise) and behavior management. I understand payment is expected at the time of treatment and that they will be signing consent forms on my behalf for the child.

## ***Parental*** contact information for questions regarding treatment of the child:

Parent's Name: \_\_\_\_\_

Contact Info: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

## ***Individual*** given permission to make decisions on the child's dental treatment on my behalf:

Full Name: \_\_\_\_\_

Contact Info: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License / ID # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_