



kneeland dental care

CONSENT FORM FOR TREATMENT WITHOUT PARENT/GUARDIAN

I, _____, give Kneeland Dental Care, LLC permission to treat my child,
Parent/Guardian name

_____, while I am not present. The individual bringing my child to the
Child's name

appointment, _____ and is at least 18 years of age and is the patient's
Name if adult accompanying child

_____.
Relationship to child

I give this individual permission or DO NOT give permission to make decisions regarding my child's treatment, medical treatment (if necessary should an emergency arise), and behavior management.

I understand payment is expected at the time of treatment.

Parental contact information for questions regarding treatment of the child:

Parent's Name: _____

Contact Info: (Cell) _____ (Home) _____ (Work) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Relationship to patient: _____