

**Treatment without parent/guardian consent form**

I, \_\_\_\_\_, give Night and Day Dental permission to treat my child,  
Parent/Guardian Name

\_\_\_\_\_, 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 \_\_\_\_\_.  
Relationship to Child

I also give this individual permission to make decision 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.

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

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

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

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

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

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

Relationship to Patient: \_\_\_\_\_