

TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM

1. Children 12 years and younger are here with an adult.
2. Permission is given on this consent form for procedures to be completed while parent is not present and indicates who would be bringing the child to their appointment.
3. The Parent/legal Guardian is available by telephone.
4. The Parent/legal guardian has signed all required documentation.
5. The Parent/legal guardian has informed our office that they will not be present during the appointment before the child comes into their appointment.

I _____, given Modesto Kidz 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, _____
Adult accompanying child

And is at 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 (if necessary should an emergency arise) and behavior management.

Parental contact information for questions regarding treatment of the child:

Parent's Name: _____

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

Mailing Address: _____

City _____ State _____ Zip Code _____

Signed: _____ Date _____

Relationship to Patient: _____

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