



TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM

I, _____, give Near Me Dental and its affiliates,

Parent/Guardian name

permission to treat _____, while I am not present.

Patient's name

The individual bringing the patient to the appointment is named, _____
Adult accompanying patient

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 this patient'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 of the patient.

Parental contact information for questions regarding treatment of the child:

Parent or Guardian's Full Name: _____

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

Mailing Address: _____

Email Address: _____

City _____ State _____ Zip Code _____

Signed: _____ Date: _____ Relationship: _____

Individual given permission to make decisions on the patient'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: _____