



Vista Family Dentistry
Treatment Without Parent/Guardian Consent Form

I, _____, give Vista Family
(Parent/Guardian name)

Dentistry permission to treat my child, _____,
(Child's name)

while I am not present . The individual bringing my child to the appointment is
named _____, and is at least eighteen years of age and is
(Adult accompanying child)

the patient's _____. I also give this individual permission to consent
(Relationship to child)

to and 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.

Parental contact information for questions regarding treatment of the child:

Parent's Name: _____

Phone Numbers: (C) _____ (H) _____ (W) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signed: _____ Date: _____

Relationship to Patient: _____