



**ROYAL CARE DENTISTRY**  
For every member of your Family

**TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM**

I, \_\_\_\_\_, give Royal Care Dentistry, LLC permission to  
Parent/Guardian name

Treat my child, \_\_\_\_\_, while I am not present  
Child's name

The individual bringing my child to the appointment is named, \_\_\_\_\_ and is at least eighteen  
Adult accompanying child

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, 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 \_\_\_\_\_

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

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

**Royal Care Dentistry, LLC**

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