

# Jamestowne Dental

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## TREATMENT WITHOUT PARENT/GUARDIAN CONSENT FORM

I, \_\_\_\_\_ give Jamestowne Dental, permission to treat my child,  
Parent/Guardian Name

\_\_\_\_\_, while I am not present.  
Child/Children's Name(s)

The following individual(s) are at least eighteen years of age and are allowed to bring my  
child (children) to their dental appointment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also grant this individual permission to make decisions regarding my child's dental treatment and  
medical treatment (if necessary should an emergency arise). I understand payment is expected at the  
time of treatment.

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

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

Preferred Form of Contact:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date