

KID DENTAL CLINIC
DENTAL TREATMENT CONSENT

Patient Name: _____ Date: _____

1. **WORK TO BE DONE:** I understand that if my child/ward is accepted as a patient, their first appointment consists of a comprehensive dental exam, x-rays and cleaning. I further understand that at the end of this appointment, the doctor will explain/review the dental treatment necessary and the alternatives. I have also been given an outline of my child's/ward's treatment plan and financial obligations.

2. **DRUGS AND MEDICATIONS:** I have stated ALL known allergies and medical problems and conditions I am aware of at this present time pertaining to my child/ward. I understand that antibiotics, analgesics, local anesthesia and other medications can cause allergic reactions such as redness and swelling of tissue, discomfort, itching, vomiting and or anaphylactic shock (severe allergic reaction) that is not clearly stated on my medical history record. If this should happen, I agree to stop all medication and contact Kid Dental Clinic immediately!

3. **CHANGES IN THE TREATMENT PLAN:** I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during my child's/ward initial examination. The most common being additional decay and/or the need for Root Canal Therapy. The doctor will then inform me of these necessary procedures and alternatives so that I can consent to the treatment.

4. **LIABILITY:** I release Healthcare Solutions, LLC (Kid Dental Clinic) and its associates, employees and agents from any injury my child/ward may currently, or in the future suffer, as a result of my *refusal* to follow the necessary treatment plan and or home care instruction. If I have any further questions regarding this treatment plan outline, home care instructions or financial obligations, I will ask my treating dentist and/or office staff for further information.

understand that dentistry is not an exact science and that therefore, reputable dental practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding my child's/ward's necessary dental treatment, which I have requested and authorized. I have had the opportunity to read this form and asked questions before signing my name. I consent to the proposed treatment for my child/ward.

Signature of Parent/Guardian of Minor

Date

4. **Physical restraint by the dentist:** The dentist restrains the child from movement by holding down the child's hands or upper body, stabilizing the child's head between the dentist's arm and body, or positioning the child firmly in the dental chair.
5. **Physical restraint by the dental assistant:** The assistant restrains the child from movement by holding and stabilizing the child's hands, head and/or controlling leg movements.

By signing below, I declare that I am parent/guardian and have the authority to give consent for the child/ward. I give my consent to Kid Dental Clinic and Nova Southeastern University College of Dental Medicine to determine his/her acceptability as a teaching patient, and give my authorization to perform necessary or appropriate tasks for the dental examination, diagnosis and treatment, including local anesthetic injection(s). I certify that I have read and understood the preceding Consent and Agreement for the necessary treatment, and have asked and had all my questions answered to my satisfaction by the treating resident/student or clinical faculty dentist.

 (Patient Name) (Date of Birth)

 (Print Name of Parent or Guardian) (Date)

 (Signature of Parent or Guardian) (Date)

Confirmation of Interpretation to Parent/Guardian (if applicable). If the parent/guardian does not read/understand English, it is the responsibility of the person who is authorized by him/her to ensure that the content of this consent and agreement form has been duly explained to him/her before he/she signs the form.

_____ The Parent/Guardian does not read or understand English.

_____ I confirm that I understand the content of the consent and agreement and I have interpreted and explained the content of the form to the parent/guardian so the he/she clearly understood what it meant before signing it.

 (Name of Interpreter) (Date)

 (Signature of Interpreter) (Date)

 (Signature of Professor/Faculty Member) (Date)