

Just Kidz Dentistry COVID -19 Pandemic Dental Treatment Consent Form

Patient Name _____

I, knowingly and willingly consent to have dental treatment completed for my child during the COVID-19 pandemic.

I understand that COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who is positive for COVID-19 given the lack of knowledge regarding the disease. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus. Please be advised that there may be risk in being in the proximity of dentist, patients and staff. We are taking precautions to limit the spread of disease, yet there is still a possibility of transmission. _____ (Initial)

CDC recommends social distancing of at least 6 feet and this is not possible in a dental office setting. _____ (Initial)

Screening:

- Traveled outside the state in the past 14 days.
If YES, list where _____ Yes No
- Have symptoms of COVID-19 listed here: Fever, shortness of breath, cough, exposure to anyone with a known diagnosis of COVID-19 Yes No

Patient/Parent/Guardian signature: _____

Date: _____

<p>OFFICE USE ONLY:</p> <ul style="list-style-type: none">• Temperature: Name: _____ - _____ degrees• Temperature: Name: _____ - _____ degrees• Temperature: Name: _____ - _____ degrees• Temperature: Name: _____ - _____ degrees• Temperature: Name: _____ - _____ degrees
