



**COVID-19 Pandemic
Dental Treatment Consent Form**

Even after following protocols set by the American Dental Association and Nebraska Dental Association, it is still possible to contract COVID-19 while at a dental office. We are following all guidelines to minimize the risk of transmission.

- I knowingly and willingly consent to have dental treatment completed on my child during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ (Initial)
- I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – my child has an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ (Initial)
- I confirm that my child is not presenting any of these COVID-19 symptoms: _____ (Initial)
 - Fever
 - Shortness of breath
 - Dry cough
 - sore throat
 - Gastrointestinal upset
 - Headache
 - Fatigue
 - loss of taste or smell
- I confirm that my child does not have heart, lung or kidney disease, diabetes, or any auto-immune disorders
- I confirm that neither my child nor I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. _____ (Initial)
- I understand that air travel significantly increases my child’s risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled. However, social distancing is not possible with dentistry. _____ (Initial)
- I verify that neither my child nor I have not traveled outside the United States in the past 14 days. _____ (Initial)
- I verify that neither my child nor I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. _____ (Initial)

Printed name: _____
(Patient)

Date of birth: _____
(Patient)

Signature: _____
(Patient or legal guardian)

Today’s date: _____