

Pediatric Dentistry of Portland LLC COVID-19 Pandemic Dental Treatment Consent

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

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and may still be highly contagious. It is impossible to determine if an asymptomatic individual is infected, given the current limits in virus testing. Dental procedures create water spray which has the potential to spread the virus. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that my child and I have an elevated risk of contracting the virus simply by being in a dental office.
_____ (initial)

I confirm that my child and any member living in our household have not been diagnosed with COVID-19, have not had contact with any person who has been diagnosed with COVID-19, and are not presenting with any of the following symptoms of COVID-19 listed below:

- Fever
- Shortness of breath
- Dry cough
- Runny nose
- Sore throat
_____ (initial)

I understand that air travel significantly increases the risk of contracting and transmitting the COVID-19. The CDC recommends social distancing of at least 16 feet for a period of 14 days to anyone who has, and this is not possible with dentistry.

- I verify that my child and any members in our household have not traveled outside the United States in the past 14 days to countries that have been affect by COVID-19.
_____ (initial)
- I verify that my child and any members in our household have not traveled domestically with the United States by commercial airline, bus or train within the past 14 days.
_____ (initial)

Signature of parent/legal guardian: _____ Date _____