

Minor Patient and Accompanying Adult Acknowledgement: COVID-19 Pandemic Dental Risk

Please read the acknowledgement below, fill in and sign the bottom of the page. This acknowledgement is for both the child patient as well as the accompanying adult.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand that the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, I understand that the federal and provincial authorities have recommended that Ontarians stay home and avoid close contact with other people when at all possible

I understand the federal and provincial authorities have asked individuals to maintain social distancing of a least two (2) meters (six (6) feet) and I recognize it is not possible to maintain this distance while receiving dental treatment.

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in the dental office.

I verify the information I have provided on this form is truthful and complete. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic.

NAME OF CHILD _____

NAME OF ACCOMPANYING ADULT _____

RELATIONSHIP _____

SIGNATURE OF CONSENTING ADULT _____

DATE _____