



**Tiny Sparkles**  
Pediatric Dentistry

Please fill out this form as completely as possible. If you have any questions, we will be happy to help.

**Child's Info:** Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand dental procedures create water spray, which is one way that the novel coronavirus can spread.

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 I have an elevated risk of contracting the virus simply by being in a dental office.

I confirm I, and anyone else in my household, am not presenting with the following symptoms:

- Fever >100.4 F
- Dry Cough
- Sore Throat
- Runny Nose
- Shortness of Breath
- Difficulty Breathing
- Flu-like Symptoms
- Loss of Taste
- Loss of Hearing

I confirm I, and anyone else in my household, have not received a positive diagnosis for the novel coronavirus in the last 14 days.

I confirm that I, and anyone else in my household, am not waiting for the results of a lab test for the novel coronavirus.

I agree to inform the dental office if I am subsequently diagnosed, or if I come in contact with another person having been diagnosed, with the virus, so that my dentist and her staff may act accordingly.

I understand all the risks and would like to proceed with dental treatment for my child listed above at Tiny Sparkles Pediatric Dentistry.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent/Guardian