



COVID-19 Intake Consent Form

I, _____ (parent/guardian) give consent for
_____ (patient) to receive treatment from Northwest Children's Dentistry
during and following the COVID-19 outbreak.

Your family's health and safety are our top priority. We continue to adhere to universal precautions and have made improvements to our facility and protocols to aid in reducing the risk for spreading COVID-19, among other diseases.

Do you or your child currently have or in the past 14 days had:

Fever above 100 °F	Yes	No
Dry cough	Yes	No
Shortness of breath	Yes	No
Flu-like symptoms	Yes	No

Is YOUR CHILD fully vaccinated for COVID-19? Yes No

Within the past 14 days have you or your child:

Had contact with anyone diagnosed with or suspected to have COVID-19.....	Yes	No
Tested positive for COVID-19 or been tested / awaiting results	Yes	No
Had contact with someone who has traveled out of the country.....	Yes	No

The Coronavirus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. While we have taken additional precautions, which enhance our safe treatment environment and further minimize the possibility of exposure, an increased possibility of transmission exists simply by being out in public, including at a dental healthcare facility.

Please initial that you acknowledge and accept this risk. Parent/Guardian Initials: : _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

(This section will be done in clinic by a staff member.)

Staff Initials: _____

Child Temperature: _____ °F

Parent/Guardian's Temperature Less than 100 °F: Yes No