



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

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: _____

<i>(This section will be done in clinic by a staff member.)</i>	Staff Initials: _____
Child Temperature: _____ °F	
Parent/Guardian's Temperature Less than 100 °F: Yes No	