

**INFORMED CONSENT FOR**  
**DENTAL CARE WITH SEDATION**

Patient \_\_\_\_\_  
Procedure \_\_\_\_\_

The dental treatment to be performed has been explained to me and I understand what is to be done and why a conscious sedation technique is necessary. This is my consent for treatment and any additional treatment that may become necessary during the appointment. I agree to pay the separate fee for the sedation in addition to the fee for dental treatment.

I agree to the use of local anesthesia and sedative medication. The conscious sedation is intended to make the child less aware of what is happening and provide for some amnesia (children will often forget much of their visit). It is not meant to put the child to sleep and since he/she is awake, noise and movement are not uncommon. I give permission for this office to use restraints as needed to protect my child from injuring him/herself. I have been informed that occasionally there are complications from the dental treatment and/or medication. The more common complications are nausea, infection, swelling, bleeding and allergic reactions. I understand that I can ask for a full recital of any and all possible risks.

Prescription medications, especially sedatives, and local anesthetics can cause drowsiness and lack of coordination. Therefore, it is important to observe my child carefully for the next 12 to 24 hours. It may be necessary to assist my child until fully recovered from the effects of the medication.

I acknowledge receipt of and understand the instructions that were given to me. I understand what my child's dental problems are and the reason for treatment. The alternatives have been explained to me, one being no treatment and the possible results if nothing is done.

I am aware that dentistry is not an exact science and I acknowledge that no guarantees have been made to me.

\_\_\_\_\_  
parent or guardian

\_\_\_\_\_  
witness

\_\_\_\_\_  
date

I declare that I have explained to \_\_\_\_\_ the nature of the patient's condition, the procedure(s) to be performed and the risks involved.

\_\_\_\_\_  
Dentist

\_\_\_\_\_  
date