State of Illinois - Migrant & Seasonal Head Start
Department of Human Services

# PARENTAL CONSENT FORM FOR DENTAL TREATMENT

Date _____

Child's Name _____

Date of Birth _____

Your child is in need of some basic dental care. This form explains the care that your child needs, and requests your permission to provide that care.

☐ **Dental Fillings:** _____ Tooth/Teeth

Decay dissolves the tooth, and if not treated, will result in an abscessed tooth causing pain and infection. The dentist will remove the decayed and weakened part of the tooth and replace it with a silver alloy or tooth colored material to strengthen the tooth. A local anesthetic may be used that will "numb" the area being treated for one or two hours.

☐ **Sealants:** _____ Tooth/Teeth

Back teeth have grooves and pits in which decay usually starts. The dentist or hygienist will "seal" the grooves with a plastic coating to help prevent the decay from starting. No anesthetic is needed.

☐ **Stainless Steel Crowns:** _____ Tooth/Teeth

If a tooth is badly destroyed by decay, a filling will not stay in place. Therefore, a tooth is trimmed around the sides and a preformed crown or "cap" is placed over the tooth to protect it from breaking. As with fillings, the area is usually treated with an anesthetic to help the child remain comfortable for one to two hours.

☐ **Nerve or Pulp Treatment:** _____ Tooth/Teeth

When the decay or infection progresses far enough that the tissue inside the tooth is infected, all or part of that infected tissue must be removed and a special filling placed in order to keep the infection from spreading to other parts of the body. The treatment usually takes at least two visits during which an anesthetic will be used. Pain or swelling after this work is rare and usually minor. Antibiotics may be used to control possible infections. After treatment, a filling or crown will be placed to help strengthen the tooth and keep it from breaking.

☐ **Extraction or Removal of the Tooth:** _____ Tooth/Teeth

If the infection has spread too far to rebuild the tooth, it is often best to remove the tooth to prevent infection from spreading. After "numbing" the area with anesthetics, the tooth is removed and the area packed with gauze to control bleeding. Care should be taken not to rinse for a couple of days or bleeding may begin again. Biting on gauze or towels will usually stop the bleeding. Pain or swelling after this work is rare and usually minor.

☐ **Nitrous Oxide and/or Premedication:**

If a child is particularly nervous about dental treatment, the dentist may use "laughing gas" (nitrous oxide) or some other medication to help relax the child so the work can be done properly. The medications may cause the child to be drowsy after the appointment.

☐ _____

_____

We expect the child will need approximately _____ appointment(s) to complete this work.

I understand that my child _____ needs to receive the dental services explained and checked above from, _____

(Name of Dentist)

☐ I give my consent for all these services.

☐ I give my consent for all services except _____

☐ I do not give my consent for any of these services.

My Consent for these services expires _____

Signature _____ Date _____

(Parent/Guardian)

Complete when child needs dental treatment, before treatment is given.