

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

Even after following safety protocols, it is still possible to contract COVID-19 while at a dental office. Accordingly, I voluntarily attest and consent to the following.

- I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. I understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____
- I understand that – due to the frequency of visits of other dental patients, the characteristics of the COVID-19 virus, and the characteristics of dental procedures – I have an elevated risk of contracting the COVID-19 virus simply by being in a dental office. _____ (Initial)
- I confirm that I am not presenting any of these COVID-19 symptoms: _____
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
- I confirm that I have not been in contact with a person who has been diagnosed with COVID19 within the past 14 days. _____
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled, and this is not possible with dentistry. _____
- I verify that I have not traveled outside the United States in the past 14 days. _____
- I verify that I have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. _____
- By signing this form, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by undergoing dental treatment and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of being exposed to or infected by COVID-19 at Hardin Valley Family Dentistry may result from the actions, omissions, or negligence of myself or others, including, but not limited to, Hardin Valley Family Dentistry's employees and dentists, and other patients. _____
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) experience or incur in connection with dental treatment received at Hardin Valley Family Dentistry. On my behalf and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Hardin Valley Family Dentistry, its employees, agents, representatives, and dentists, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this Release includes any claims based on actions, omissions, or negligence of Hardin Valley Family Dentistry, its employees, agents, representatives and dentists, whether a COVID-19 infection occurs before, during or after participation in dental procedures. _____

Printed name: _____
(Patient)

Date of birth: _____

Signature: _____
(Patient or legal guardian)

Today's date: _____