Gentle Dentistry of Newnan PC

PARENT/GUARDIAN CONSENT &ACKNOWLEDGMENT
For Unaccompanied Minor Dental Treatment

Dear Parent/Guardian,

At **Gentle Dentistry of Newnan**, our goal is to make every child's dental experience feel safe, comfortable, positive, and age-appropriate. We understand that dental visits can sometimes feel unfamiliar or stressful for children, and we work intentionally to create an environment where your child can develop confidence and trust in our dental team.

For certain appointments, our practice asks parents and guardians to remain in the reception area while their child is receiving treatment. This approach allows our clinical team to communicate directly with your child, provide reassurance, and give them our full attention without unnecessary distractions.

Why We Use This Approach

Remaining outside the treatment area can help:

- Encourage your child's confidence, independence, and trust in the dental team.
- Create a calm environment with fewer voices and distractions.
- Allow our dental team to communicate directly with your child using language appropriate for their age and level of understanding.
- Help your child develop positive dental experiences and coping skills that can benefit them as they grow.

We recognize that every child is different. **Your child's safety, comfort, and emotional well-being are always our priority.**

Parent/Guardian Acknowledgment & Consent

By signing this form, I acknowledge and agree that:

1. I understand and accept Gentle Dentistry of Newnan's policy that parents/guardians generally remain in the reception area during their child's treatment.
2. I authorize the dental team to examine and provide **routine dental care that has been discussed with me or is reasonably necessary to complete the scheduled appointment** while I remain outside the treatment area.
3. I understand that the dental team will explain procedures to my child in an age-appropriate manner and will make reasonable efforts to ensure that my child feels safe, comfortable, and informed throughout the appointment.
4. I have provided the dental office with complete and accurate information regarding my child's medical history, medications, allergies, previous dental experiences, and any behavioral, developmental, or special needs that may affect their care.
5. I understand that I remain responsible for providing consent for treatment as required. **This form does not authorize treatment that requires separate informed consent unless that consent has been obtained.**

6. I understand that if the dental team has a concern regarding my child's safety, comfort, behavior, medical condition, or ability to proceed with treatment, I may be asked to enter the treatment area or participate in the discussion.
7. I understand that if my child becomes significantly distressed, refuses treatment, or treatment cannot be safely completed, the dental team may pause or discontinue the appointment and discuss the next appropriate steps with me.
8. I understand that the dental team may contact me during the appointment if additional information, clarification, or discussion regarding my child's care is needed.
9. I understand that after the appointment, the dental team will review the care provided, findings, recommendations, and any follow-up needs with me.

A Partnership in Your Child's Dental Care

We appreciate your trust in allowing us to care for your child. Our goal is not simply to complete a dental appointment; it is to help your child develop a **healthy relationship with dentistry that can last a lifetime.**

We welcome you to share any concerns, fears, previous dental experiences, or information that may help us better understand your child **before treatment begins**. Your partnership helps us provide care that is both clinically appropriate and emotionally supportive.

Thank you for trusting **Gentle Dentistry of Newnan** with your child's smile.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____