Parent/Guardian Treatment Room Policy Agreement

_____ _____

Patient Name Parent/Legal Guardian Name

1. NO FOOD, DRINK, OR CHEWING GUM

No food, drinks, or chewing gum are permitted in the treatment room.

INITIAL HERE _____

2. CHILD-FRIENDLY LANGUAGE

To help create a positive and comfortable experience for your child, please do **not** use the following words in the treatment room: "**HURT", "NEEDLE", "SHOT".** Please allow our dental team to use our own child-friendly language when explaining treatment.

INITIAL HERE _____

3. ONE PARENT/GUARDIAN ONLY

Only one parent/guardian may be in the treatment room. **Siblings are not permitted** in the treatment room.

INITIAL HERE _____

4. TRUSTING OUR DENTAL TEAM

Please allow our dental team to communicate directly with your child and guide the treatment experience. We ask that parents avoid hovering or interrupting treatment while it is being performed. If you have questions or concerns, please discuss them with our team before or after treatment.

INITIAL HERE _____

By signing below, I confirm that I have read, understand, and agree to follow the above policies when accompanying my child during treatment.

_____

Parent/Guardian Signature Date