

Consent for Sedation

Dr. Janer has recommended conscious sedation for your child to promote cooperation and relaxation during dental treatment.

The sedation includes a combination of sedatives and local anesthesia. We also may use restraints, such as a papoose board, to prevent injury to the child and enable the dentist to provide the necessary treatment. Please understand that your child **will not** be "put to sleep." He/she may be very drowsy and fall asleep on his/her own.

When a child is sedated, there are certain risks involved. All available safety precautions will be taken along with monitoring your child's vital signs (blood pressure, heart rate and respirations) and oxygen saturation.

Potential side effects and complications include nausea and vomiting, drowsiness, uncoordination, respiratory depression and death.

If no treatment is provided, your child could experience pain, significant infection or other problems which might require more extensive treatment later.

Dr. Janer, or designee, has discussed with me, to my satisfaction, the nature and purpose of this procedure along with alternate methods, their advantages and disadvantages, and possible risks. I have been given an opportunity to ask questions and all questions about the procedure have been answered in a satisfactory manner.

I acknowledge and understand the sedation procedure and approve of its use by Dr. Janer in the management of ________ during his/her dental appointment.

Parent/Legal Guardian's Signature _______ Date

Witness