

MONTGOMERY COUNTY COMMUNITY COLLEGE
Dental Hygiene Program

Parent Permission Form

Child's Name: _____ Date of Birth: ____/____/____

I am the parent or legal guardian of the above-named minor. I give permission for the Dental Hygiene Program to perform preventative treatment on my child within the Clinic's scope of practice (exam, x-rays, cleaning, sealants, fluoride), as appropriate for the child's age and individual needs.

In my absence, the individual below may discuss findings, recommendations, treatment needs, and provide consent.

(Person Bringing Child to Appointment)

(Relationship to Child)

During the child's appointment, I can be reached by phone at:

() - _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Montgomery County Community College
Dental Hygiene Program

Behavior Management Consent Form

Your child is scheduled to be treated in the Dental Hygiene Clinic. Basic behavior management techniques that may be used during your child's appointment may include:

- Voice control strategies
- Non-verbal communication
- Tell-show-do approach
- Positive reinforcement
- Distraction

The only advanced technique that may be used, if deemed necessary by a licensed hygienist or dentist, is a mouth prop for sealant placement.

I give my consent for my child to be treated using the behavior management techniques listed above.

I understand that if the above behavior management techniques are not effective in allowing the operator to provide dental hygiene care to my child, the treatment will be stopped and my child will be dismissed.

Date: _____

Signature of Parent or Guardian: _____

Child's Name (Please print clearly): _____