



**Public Health**  
Prevent. Promote. Protect.  
Bureau/Putnam County Health Department

## Bureau County Dental Clinic Children's Dental Care Policies

Welcome you to our dental practice. We are delighted that you have decided to trust us with your child's dental needs. Our clinic provides dental care for children under the following policy. Please carefully read the policy and sign below.

1. We will provide dental care for children eligible for our clinic as possible. A biological/adoptive parent or a legal guardian must be present at all times, when a minor is being treated. Legal guardians must provide documentation that they have the authority to authorize dental care for a minor. For the safety and care of your child it is necessary that all of us work together as a team. This includes you, your spouse, your child and the dental staff.
2. A dental assistant will be take your child in the examination room and be with your child during procedures. Parents are generally only allowed to accompany children to the back for consultations with the attending dentist and not for procedures of any kind.
3. The Bureau County Dental Clinic is not a pediatric dental clinic. Some children experience anxiety and nervousness while at the dentist. We will try to work with your child to make their visit as positive as possible. However, due to the nature of our clinic and the number of patients we see each day, we will not be able to spend an excessive amount of time convincing a child to cooperate.
4. Treatment depends on the cooperation of the patient. If we are unable to provide treatment for your child, we will provide a referral to a pediatric dentist for care The decision to refer or not refer a child will be solely at the discretion of our attending dentist.
5. If your child is referred to a pediatric dentist, you will be provided with a toll-free number to call to set up an appointment. Please be aware that there may not be a pediatric dentist in the area that will accept your insurance or you may be required to travel in order to see a participating pediatric dentist.

I, \_\_\_\_\_ hereby acknowledge that I understand and accept the Bureau County Dental Clinic's Children's Dental Care Policy that pertains to my child's \_\_\_\_\_ dental visit.  
(Patient's name)

\_\_\_\_\_  
(Parent or Legal Guardian's Signature)

\_\_\_\_\_  
(Date)