



Anesthesia Consent (Child)

Patient's Name: _____

Date of Birth: _____ **Date of Appointment:** _____

The following information is provided to inform you of the choices, risks and benefits involved with having treatment under general anesthesia (this includes sedation- conscious, deep and general anesthesia- unconscious).

I, _____, hereby authorize **NOVA Dental Anesthesia** or its agents, to perform the anesthesia procedure as previously explained to me and any other procedure deemed necessary or advisable as an adjunct to the planned anesthetic procedure. I consent to the administration of such anesthetic(s) by any route suitable by the anesthesiologist. I understand that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the operation. I understand that there are potential complications associated with the administration of anesthetic drugs including, but not limited to, pain, hematoma, phlebitis, numbness, swelling, bleeding, bruising, nausea, vomiting and allergic reaction. I further understand that complications may require hospitalization and could result in death.

I understand that anesthetics, medications and other drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy with the understanding that this will result in the postponement of the procedure. For the same reasons, I understand that I must inform the anesthesiologist if I am a nursing mother.

I have been fully advised of the planned anesthetic and accept the potential risks and dangers. I acknowledge that I have had the opportunity to ask questions about my anesthetic and I am satisfied with the information provided to me.

Parent/Guardian(print): _____ **Date:** _____

Parent/ Guardian(signature): _____ **Date:** _____