

**Redcliff Family Dental Nitrous Oxide Sedation Consent Form  
for Children under 12 years old**

**Please initial each item, write your name, sign and date at the bottom of the document:**

\_\_\_\_ 1. I understand that the purpose of Nitrous Oxide (laughing gas) sedation for my child is to improve comfort during dental treatment and is not required to provide the necessary dental care. I understand this form of sedation has limitations and risks, and absolute success cannot be guaranteed.

\_\_\_\_ 2. I understand that Nitrous Oxide Sedation is a drug-induced state of reduced awareness and decreased ability to respond. Nitrous Oxide Sedation is not sleep inducing. My child will be able to respond during the procedure, and their ability to respond normally returns when the effects of the sedative wear off.

\_\_\_\_ 3. I understand that the alternatives to conscious sedation are: No Sedation, Oral Conscious Sedation, Intravenous Sedation and General Anesthetic.

\_\_\_\_ 4. I understand that the administration and the performance of Conscious Sedation with Nitrous Oxide carries certain common hazards, risks, and potential unpleasant side effects which are infrequent, but nonetheless, may occur. They include but are not limited to the following:

- a. Nausea and Vomiting: This is the most frequent of the side effects. It is important your child tells their dentist if they are experiencing some discomfort so we can adjust the level of Nitrous Oxide to lower this risk.
- b. Excessive Perspiration: Sweating may occur during the procedure.
- c. Behavioral Problems: Some patients will talk or laugh excessively or experience vivid dreams.
- d. Shivering: Although not common, it can be quite uncomfortable and usually develops at the end.
- e. Sleepiness: Your child may feel drowsy after their appointment.

\_\_\_\_ 5. I must notify the doctor if my child has a sensitivity to any medication, currently is on any medications and of their present mental and physical condition. I will not administer sedatives (i.e. Benadryl or Graval) to my child on the day of their appointment.

\_\_\_\_ 6. I understand we must follow the pre-operative instructions provided. My child must **fast for a minimum of 6 hours from a light meal, and a minimum of 2 hours from clear fluids before their appointment time.**

\_\_\_\_ 7. I have had the opportunity to discuss Nitrous Oxide Sedation on behalf of my child and have all my questions answered by a qualified personnel including the doctor.

I ACKNOWLEDGE THAT A **CANCELLATION CHARGE OF \$150** WILL APPLY IF VIOLATION OF THE PREOPERATIVE INSTRUCTIONS LEADS TO CANCELLATION OF THE SCHEDULED TREATMENT AND/OR IF I FAIL TO PROVIDE 24 HOURS NOTICE FOR CANCELLATIONS/CHANGES.

I hereby certify that I understand this authorization and the reasons for Nitrous Oxide Sedation and the associated risks. I am aware that the practice of dentistry is not an exact science. I acknowledge that every effort will be made on my child's behalf for a positive outcome from sedation, but no guarantees have been made to the result of the procedure authorized above.

\_\_\_\_\_  
Parent/Guardian's Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist's Name and Signature