**Office Policy: Parents In The Dental Operatory**

Often we are confronted with the situation of parents wanting to be with their child during dental treatment. There are appropriate times when this is possible, while other times it is a negative experience for parent, child and staff.

Studies done in the past, surveyed pediatric dental offices in regards to when parents should be allowed with the child patient. Age of the child was the most often sited criteria for appropriateness of the parental attendance: 71% felt it was appropriate from birth to 1 year; 76% 1 to 2 years; 35% 2 to 4 years; and 8% 4 to 6 years of age. It was found that most would make a decision at age 3 years based upon the social, psychological, and emotional maturity of the child.

The following are reasons why it has been clinically proven negative reasons for parental attendance during dental treatment:

1. The child divides his/her attention between the parent and doctor.

2. The doctor has to divide his attention between the parent and the child.

3. Parents will tend to repeat or even offer commands to the child which takes away the authority of the doctor.


5. Often, although with the best of intention, the presence of the parent will heighten the alarm of the child which allows the child to portray him or herself as the victim, hopefully recruiting the parent into the role of Rescuer.

6. Parents usually request being involved due to their own anxiety over the dental appointment. Children pick up on this and will also increase the fear response of the child.

**It is our policy to have the child’s best interest in mind during any and all phases of treatment.** As a result, we ask for your cooperation in participating in providing the best dental environment possible. Sometimes, we may ask that you stay with your child. At other times, we ask that you remain outside the treatment area in order to help your child to grow into the best dental patient possible.

Thank you for your understanding and participating in your child’s care.

**I understand and agree to comply to the office policy written in the statement above.**

Parent/Guardian Signature: ________________________________________________________________

Name of child: __________________________________________ Date: ______________________