

ARIZONA DENTAL FOUNDATION – GIVE KIDS A SMILE DAY

Health History & Permission Form

Child's First _____ MI _____ Last _____

(Please print)

Address _____

Street

City

Zip Code

Home Phone _____ Date of Birth _____ Sex _____

Child's Ethnicity African American Caucasian (White) Hispanic Native American Other _____

Does your child have or has your child had (please circle):

Asthma/Breathing Difficulties Yes No Kidney or Liver Problems Yes No

Diabetes Yes No Bleeding Problems Yes No

Seizures Yes No Latex or Nickel Allergies Yes No

HIV/AIDS or Hepatitis B Yes No Sensitivity to Wood/Resin Products Yes No

Congenital Heart Disease or Heart Murmur or Rheumatic Heart Disease Yes No

Is your child taking any medications? Yes No What medications _____

Does your child have any allergies? Yes No If yes, what allergies _____

Has your child had any serious illness(es) or operation(s)? Yes No
If yes, what illness(es) or operation(s) _____

Is there anything else we should know about the health of your child? List _____

Who should we contact on the day of service () in the event of an emergency?

Name (print) _____ Relationship _____ Daytime Phone _____

I am the above child's parent or guardian and am at least 18 years old. I give consent for my child to participate in the dental screening as well as the preventive and restorative dentistry program conducted by members of the Arizona Dental Foundation. To the best of my knowledge, the medical history questions have been answered correctly and accurately. I allow my child to receive x-rays, sealants, fluoride, fillings, and local anesthetic (numbing of the teeth) and the extraction of teeth. I allow my child to receive oxygen and/or nitrous oxide if necessary.

Give Kids a Smile! Day is a one-day event. While the volunteer hygienists, dentists and dental specialists offer high quality procedures with good equipment, I understand that, because of the number of children needing to be seen, all treatment may not be completed and my child might not receive multiple extractions or multiple fillings. I also understand that the dental care providers are volunteers and are not available for follow-up care in the event of complications. I agree to seek any follow-up care my child might need from my local dentist, dental clinic, family physician or a hospital emergency room.

In consideration of the free health care services received in conjunction with Give Kids a Smile! Day I, for myself and for my child, do hereby waive and release Arizona Dental Foundation or any persons or organizations acting on their behalf or sponsoring or volunteering at this event from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, or other health care or medical advice. **I also understand that some of the dental care may be provided by a dental school student under the direction of a faculty dentist.**

I grant the Arizona Dental Foundation and its agents the right to use my child's picture, voice and other reproductions in connection with advertising or publicizing Arizona Dental Foundation and its activities in all forms of media from this point forward.

I certify that I have read or have had read to me this document; that all the blanks were filled in before I signed; that I understand the nature of this consent; and that this consent is provided voluntarily. I intend to be legally bound by my signature.

Print Name of Parent/Guardian (Printed) _____

Signature _____ Date _____