

"Give Kids a Smile" day Health History and Permission Form

First _____ MI _____ Last _____

Date of Birth _____ Sex _____

Address _____
Street City Zip Code

Phone _____ Emergency contact _____

Does your child have or has your child had:

Asthma	Y	N	Congenital heart disease	Y	N
Heart Murmur	Y	N	Rheumatic heart disease	Y	N
Diabetes	Y	N	Bleeding problems	Y	N
Seizures	Y	N			

Is your child taking any medications? Y N

If yes, what medications _____

Does your child have any allergies? Y N

If yes, what allergies _____

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

If so, please list _____

To the best of my knowledge, the medical history questions have been answered correctly and accurately. I allow my child to receive local anesthetic (numbing of the teeth).

Name of Parent/Guardian (printed)

Signature _____ Date _____