

**“Give Kids a Smile” day  
Health History and Permission Form  
(Hnub “Pub Lub Ntsej Muag Luag Rau Me Nyuam”  
Kev Noj Qab Haus Huv Dhau Los thiab Tsab Ntawv Tso Cai)**

First (*Npe*) \_\_\_\_\_ MI (*Npe nruab nrab*) \_\_\_\_\_ Last (*Xeem*) \_\_\_\_\_

Date of Birth (*Hnub Yug*) \_\_\_\_\_ Sex (*Tub/Ntxhais*) \_\_\_\_\_

Address (*Chaw Nyob*) \_\_\_\_\_  
Street (*txoj Kev*) \_\_\_\_\_ City (*Zos*) \_\_\_\_\_ Zip Code (*Lej Zip Code*) \_\_\_\_\_

Phone \_\_\_\_\_ Emergency contact \_\_\_\_\_  
(*Xov tooj*) \_\_\_\_\_ (*Xov tooj kub ceev*) \_\_\_\_\_

Does your child have or has your child had:

(*Koj tus me nyuam puas muaj dua los yog tab tom muaj:*)

Asthma ( <i>Mob Ntsws</i> )	Y N	Muaj Congenital heart disease ( <i>Yug txawm los muaj mob plawv</i> )	Y N
Heart Murmur ( <i>Muaj suab nrov hauv lub plawv</i> )	Y N	Rheumatic heart disease ( <i>Muaj mob plawv</i> )	Y N
Diabetes ( <i>Muaj ntshav qab zib</i> )	Y N	Bleeding problems ( <i>Muaj teeb meem los ntshav</i> )	Y N
Seizures ( <i>Muaj qaug dab peg</i> )	Y N		

Is your child taking any medications? Y N

(*Koj tus me nyuam puas noj tshuaj?*)

If yes, what medications (*Yog noj, yam tshuaj twg?*) \_\_\_\_\_

Does your child have any allergies? Y N

(*Koj tus me nyuam puas muaj tsis haum tej yam dab tsi?*)

If yes, what allergies (*Yog muaj, tsis haum dab tsi?*) \_\_\_\_\_

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

(*Puas muaj lwm yam dab tsi uas peb yuav tsum paub txog koj tus me nyuam txoj kev noj qab haus huv?*)

If so, please list (*Yog tias muaj, thov sau qhia*) \_\_\_\_\_

**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).**

(*Kuv teb cov lus nug yog thiab tseeb raws li kuv paub thiab muaj peev xwm. Kuv tso cai tso tshuaj loog mob rau kuv tus me nyuam (tso tshuaj kom cov hniav loog).)*)

**Name of Parent/Guardian (printed) (*Niam Txiv Npe/Tus Neeg Saib Xyuas (txhob sau sib cab)*)**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(*Kos Npe*) \_\_\_\_\_ (*Hnub Tim*) \_\_\_\_\_

Hmong