

"Give Kids a Smile" day
Health History and Permission Form
(Maalinta "Ilmaha ka farxi"
Taariikhda caafimaadka iyo Foomka Ogolaanshaha)

First (Koowaad) _____ MI (Dhexe) _____ Last (Dambe) _____

Date of Birth (Date of Birth) _____ Sex (Sex) _____

Address (Adarees) _____
 Street (Wadada) _____ City (Magaalada) _____ Zip Code (Zip Code) _____

Phone _____ Emergency contact _____
 (Teleefan) _____ (Cidda lala xariirayo haddii wax dhacaan)

Does your child have or has your child had:
 (Cunuggaagu ma qabaa ama ma ku dhacay)

Asthma (Asma)	Y N	Congenital heart disease (Cudurrada wadnaha ee lagu dhasho)	Y N
Heart Murmur (Wadna-sharqan)	H M	Rheumatic heart disease (Cudurka rowmaatikada ee wadnaha)	H M
Diabetes (Sokorow)	Y N	Bleeding problems (Dhib xagga dhiig baxa)	Y N
Seizures (Qallal)	H M		H M

Is your child taking any medications? Y N
 (Cunuggaagu ma qaataa wax daawo ah?)

If yes, what medications (Haddii uu qaato, waa daawooyinkee) _____

Does your child have any allergies? Y N
 (Cunuggaagu ma qabaa alleerjiyo?)

If yes, what allergies (Haddii uu qabo, waa nooc ee) _____

Is there anything else we should know about the health of your child?
 (Ma jiraan wax kale oo ay tahay inaan ka ogaanno caafimaadka cunuggaaga?)

If so, please list (Haddii ay jiraan, fadlan qor) _____

**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).
 (Intaan ogahay, su'aalaha ku saabsan taariikhda caafimaadka waxaan uga jawaabey si sax ah oo hagaagsan. Waxaan ogolaanaya in cunuggayga la siiyo kabuubyada kooban (kabuubyeynta ilkaha).)**

Name of Parent/Guardian (printed) (Magaca waalidka/Mas'uulka (Qoran))

Signature _____ Date _____
 (Saxiixa) _____ (Taariikhda)

Somali