

Parental Consent & Registration, Health History & Consent Form

Child's Information (please complete one form per child)

First Name _____	Last Name _____
Date of Birth (mm/dd/yy) _____ <input type="checkbox"/> M <input type="checkbox"/> F	Dental Insurance (if any) _____
Address _____	City _____ State _____ Zip _____
Daytime Phone _____	Cell Phone _____
Emergency Contact _____	Phone _____

Child's Health History

Circle the appropriate answer:	Circle all that apply:
■ Is a physician treating your child? YES NO If yes, why? _____	Asthma YES NO
■ Has your child been a patient in a hospital? YES NO If yes, why? _____	Heart Murmur YES NO
■ Does your child have any allergies? YES NO If yes, what? _____	Diabetes YES NO
■ Does your child take medications? YES NO If yes, what? _____	Seizures YES NO
■ Is there anything else we should know about your child? _____ _____	HIV/AIDS YES NO
■ Has your child been seen by a dentist before? YES NO Please explain: _____ _____	Heart Disease YES NO
■ Has your child ever received dental x-rays YES NO or radiation therapy? When? _____	Bleeding Problems YES NO
	Please explain: _____ _____
	Has this child been to a Give Kids A Smile screening in the past? YES NO _____
	I give permission to have my child's photo taken for publications, promotional purposes, website, media press release on behalf of Give Kids A Smile YES NO

PARENT/GUARDIAN SIGNATURE

I certify that I have read and understood the above questions. The information that I have provided is correct to the best of my knowledge. I will not hold the New Jersey Dental Association, New Jersey Dental School or any other participating sites of the *Give Kids A Smile!* program or any member of the staff responsible for any errors or omissions I have made in the completion of this form. I also authorize the doctors, dental staff and dental students to perform the necessary dental services that my child may need including, but not limited to, cleanings, fluoride, sealants, x-rays, anesthesia, pulpotomies, extractions, and fillings.

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____ DATE: _____