

Health and History Consent Form

First Name _____ MI _____ Last Name _____

Date of Birth _____ Sex _____ School _____

Address _____

Phone Number _____ Emergency Contact Name/Number _____

Does your child have or has your child had: *(Please circle **Y** for yes or **N** for no)

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	Other: _____		

*Please explain any "yes" answers: _____

Is your child taking any medications? Y N

If yes, what medications? _____

Does your child have any allergies? Y N

If yes, what allergies? _____

Has your child had any serious illness or operations? Y N

If yes, what illness or operation? _____

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

If yes, please explain: _____

I give consent for my child to participate in the preventive and restorative dentistry program conducted by Dallas County Dental Society member dentist during Give Kids A Smile program on February 2nd and 3rd 2012. 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) as needed for treatment.

Name of Parent/Guardian _____

Signature _____ Date _____

Volunteers associated with Give Kids A Smile 2012 may not be able to provide you with all the services you need but if you would like to consult with our volunteer team and receive the type of treatment offered today, PLEASE READ THE PATIENT RELEASE FORM BELOW VERY CAREFULLY.

PATIENT RELEASE FORM

Dental Patients Note: While the volunteer hygienist, dentists and oral surgeons offer high quality procedures with good equipment, I understand that because of the number of people needing to be seen, I might not receive multiple extractions or multiple fillings. I understand that I might have certain conditions which would keep me from having the type of treatment I am requesting. I also understand that the dental care providers are volunteers, some from out-of-town and are not available for follow-up care in the event of complications. I agree to seek any follow-up care I might need from my local dentist, health department, family physician or a hospital emergency room.

In consideration of the free health care services received on the date below, I, for myself and anyone entitled to claim through me, do hereby waive and release Dallas County Dental Society, Give Kids A Smile and Martin Luther King, Jr. Family Clinic or any persons or organizations acting on their behalf or sponsoring or volunteering at this clinic from all claims of liability arising out of my acceptance of such free care. Including but not limited to dental and/or other health care or medical advice.

I, _____ (hereinafter, the parent) fully release Dallas County Dental Society, Give Kids A Smile and Martin Luther King, Jr. Family Clinic (hereinafter, the released party or parties) from any liability or claims of whatever nature, known or unknown, including, without limitation, claims for personal injury and disability, pain, suffering, mental anguish, or loss of income arising from dental treatment provided by Dallas County Dental Society and the Martin Luther King, Jr. Family Clinic. This release is without limitation for any and all procedures performed during the Give Kids A Smile program.

I understand that this release shall bind me and my heirs, legal representatives and assigns, and that it shall insure to the benefit of the released party or parties, and to his heirs, legal representatives, successors and assigns:

I have read, or had read to me, and understand and agree to all of the above.

CAUTION: THIS IS A RELEASE---READ BEFORE SIGNING

Patient Name (Print)_____

Patient Name (Print)_____

Patient Signature

Date

(Parent or guardian if patient is under age 18)

Witness/Volunteer Signature _____

Date of Service