



ADA American Dental Association®

Health History and Consent Form

First Name _____ MI _____ Last _____

Date of Birth _____ Sex _____ School _____

Address _____

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

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? _____

List _____

I give consent for my child to participate in the preventive and restorative dentistry program conducted by Dallas County Dental Society member dentists during Give Kids A Smile program. 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 _____

Signature _____ Date _____