DELTA DENTAL

GRINS ON THE GO

Delta Dental Clinic
Permission Form and Health History

Please complete and return to your child's teacher immediately.

Student's Name: _____ Date of Birth: _____

Teacher Name: _____ Gender: _____ Grade: _____

Please mark the services you would like by checking Yes or No for each item below:

☐ **YES** I want my child to get free sealants (please fill in entire form, sign and return)

☐ **NO** I don't want my child to get sealants (please fill in your name, sign and return)

☐ **YES** I want my child to get free fluoride varnish (please fill in entire form, sign and return)

☐ **NO** I don't want my child to get fluoride varnish (please fill in your name, sign and return)

Parent/Guardian Name: _____ Daytime number: _____

Emergency Contact: _____ Emergency number: _____

Does your child have or has your child had: (please mark **either** Yes or No)

	Yes	No		Yes	No
Asthma	☐	☐	Heart condition	☐	☐
Bleeding problems	☐	☐	Hepatitis	☐	☐
Depression/Anxiety	☐	☐	Seizures	☐	☐
Diabetes	☐	☐	Tuberculosis	☐	☐

Is your child taking any medications? No ☐ Yes ☐ If yes, please list: _____

Does your child have any allergies including foods, medicines, etc.? No ☐ Yes ☐ If yes, please list:

_____

Anything else we should know about the health of your child or any past dental care?

_____

_____

Has your child been to a dentist before? No ☐ Yes ☐ If yes, last visit? _____

Permission:

To the best of my knowledge, the health history information is correct. I authorize release of information on my child's visit to my child's school. I have read and agreed to all of the above:

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

Delta Dental Community Outreach
Partners in lifelong dental care. We're there!

(Español al reverso)