

SMILE SQUAD CONSENT FORM PLEASE PRINT CLEARLY IN PEN

CHILD'S FIRST NAME _____ LAST NAME _____ CHILD'S AGE _____

CHILD'S RACE _____ DATE OF BIRTH _____ SEX Male Female

Parent/Guardian's Name _____ Telephone Number _____

Address _____ CITY _____ ZIP CODE _____

School _____ Grade _____ Teachers _____
Name

How many people live in your household. _____

PLEASE CIRCLE YOUR ANNUAL FAMILY INCOME

21,660 or less	51,576 or less	81,492 or less
29,136 or less	58,704 or less	88,968 or less
36,624 or less	66,540 or less	96,444 or less
44,100 or less	74,016 or less	103,920 or more

My child is eligible for the Free or Reduced Lunch Program YES NO

Is your child on Public Aid/Medical Card? YES NO

Is your child on All Kids? YES NO

If your child has Public Aid/Medical Card or All Kids you

MUST include your child's RECIPIENT ID# _____

Your Medial/All Kids (9 digit # on back of medi-plan card or on All Kids card)

Will Be Billed

Is your child covered by other dental insurance YES NO

Name of Family Dentist _____ Date of Last Dental Exam? _____

Has your child had any unhappy dental experiences? YES NO

I hereby authorize the dentists & dental hygienists in attendance to examine & treat my minor child or ward as applicable and to perform all dental procedures including local anesthesia, restorations, extractions, dental cleaning, sealants and fluoride treatment as may be deemed necessary by the dentist.

SIGNATURE OF PARENT or GUARDIAN _____

DATE _____ 7/09

HEALTH HISTORY	
Circle If Your Child Has Had Any Of The Following?	
Heart Murmur**	Tuberculosis
Rheumatic Fever**	Liver & Kidney Problems
Heart Problems**	High Blood Pressure
Epilepsy	Blood Diseases or Disorders
HIV/AIDS	Infectious Hepatitis
Asthma	Diabetes
Allergies	Latex Allergy
List Allergies: _____	
Is your child taking any medications	YES NO
List Medications: _____	
Is your child under care of a doctor now?	YES NO
Why? _____	
Is your child in good health?	YES NO
** If child has any of these problems you must have a medical doctor's okay in writing to be seen by the dentist or the dental hygienist.	