



ADA American Dental Association®

GIVE KIDS A SMILE HEALTH HISTORY AND CONSENT FORM

Child's Name:

Last First Middle Initial

Child's Date of Birth: _____ Child's gender: M ___ F ___
MM/DD/YY

Home Address: _____
Street City Zip Code

Home/Contact phone: _____

How did you hear about us? _____

Emergency Contact: _____
Name Phone Number Relation to Child

Race/Ethnicity: (Check all that apply)

- African American American Indian Asian Caucasian
 Hispanic/Latino Native Hawaiian Other Pacific Islander

My child's last dental visit was: Within the last 6 months Over 3 years ago.
 7 months to 1 year ago Never been to the dentist
 Over 1 year ago to 3 years ago Don't know

Does your child take/use any fluoride supplements (tablets, rinse, etc.) Yes No

Child's medical doctor: _____

Current medications my child is taking: _____
(Please list ALL)

Child's current allergies: _____
(Please list ALL, including medications, foods, etc.)

Child's health conditions: _____
(List any pre-existing and/or current condition)

CONTINUED ON BACK



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GIVE KIDS A SMILE MAUI RELEASE OF LIABILITY

I understand that my child, _____, will be receiving a screening exam, x-rays (if needed), cleaning, topical fluoride, silver diamine fluoride (if needed), interim therapeutic restorations (if needed), and restorative treatment (such as fillings, stain steel crowns, extractions (if needed), etc.) at the Give Kids a Smile Maui event held on Saturday, June 22nd, 2024. I understand that my child might have certain medical conditions, which would keep my child from having the type of treatment requested. I also understand that the dental care providers are volunteers and are not available for follow-up care in the event of complications. I agree to seek any follow-up care my child might need from a local dentist, health department, family physician, or a hospital emergency room.

In consideration of the free health care services received on Saturday, June 22nd, 2024, I, for myself and anyone entitled to claim through me, do hereby waive and release Hui No Ke Ola Pono, UH Maui College, UH Maui Dental Hygiene Program, Hawaii Dental Association, Maui County Dental Society, and any persons or organizations acting on their behalf or sponsoring or volunteering at this clinic, from all claims of liability arising out of my child's acceptance of such free care including, but not limited to medical, dental, or other health care or medical advice.

I grant to Hui No Ke Ola Pono, American Dental Association Foundation, Hawaii Dental Association, Maui County Dental Society, and its agents the right to use my or my child's picture, voice, and other reproductions of my and my child's physical likeness in connection with advertising or publicizing Give Kids a Smile Maui and its activities in all form of media in perpetuity. I grant Hui No Ke Ola Pono and HDA and its agents the right to use in connection with Hui No Ke Ola Pono and HDA activities in perpetuity my and my child's picture, voice, and other reproductions of my and my child's physical likeness in all forms of media. I understand that I, or my child, will not receive compensation for the use of these likenesses in any form.

I consent to the release of my child's patient records to other licensed healthcare professionals as necessary. I have read, or had read to me, and understand and agree to all the above.

Parent/Guardian Signature _____

Date _____