Dear Parent or Guardian,
Please complete a separate form for each child.

(If you have insurance other then Medicaid please provide card)

Child's First Name Middle Init. Last Name	**Date of Birth**
Mailing Address City State	**Child's Social Security Number**
Parent/Guardian's Name (please print)	Contact phone numbers (all that apply)
Who does the child live with: ◯ Mother ◯ Father ◯ Both Other (specify):	Alaska Native? ☐ Yes ☐ No
INSURANCE (check all that apply) ☐ MEDICAID ☐ BC/BS ☐ AETNA ☐ MERITAIN ☐ GUARDIAN ☐ OTHER:	INSURANCE ID#
Insurance Subscriber's Name Subscriber's Date of Birth	Subscriber's Social Security Number

PLEASE ANSWER THE FOLLOWING HEALTH QUESTIONS ABOUT YOUR CHILD

Toothache? ☐ yes ☐ no If yes, please explain_____
Allergies? ☐ yes ☐ no Please list _____
Taking medication? ☐ yes ☐ no Please list _____
Does your child have any of the conditions listed below? (Check all that apply)

☐ Heart problems/heart murmur ☐ History of rheumatic fever ☐ Hepatitis ☐ Tuberculosis ☐ Diabetes

Girls – now pregnant? ☐ yes ☐ no Other serious illness? ☐ yes ☐ no Child have braces? ☐ yes ☐ no

Additional comments_____
_____

- I grant permission for my child to be released from school to receive dental care provided by the Bristol Bay Health Corporation dental staff. ☐ **YES** ☐ **NO**
- I grant permission for my child to receive dental treatment including x-rays, fillings, injections, medications, extractions, silver diamine, and fluoride application. ☐ **YES** ☐ **NO**

_____ _____
Parent/guardian signature **Date**

CHILD'S NAME:_____ GRADE: _____

Dental Use Only: Verbal Permission attained by:_____ Date:_____
Parent or Guardian Name:_____