



Dental Hygiene Clinic
31 College Drive
Concord, New Hampshire 03301
Phone: (603) 271-7160 Fax: (603) 271-7182
Email Address: NHTIDentalClinic@ccsnh.edu

CHILD PERMISSION SLIP FOR CARE
TO GO TO THE NHTI's DENTAL HYGIENE CLINIC (Age 17 and under)

Child's Name: Address:
Father's Name
Father's Home Ph: (w) (cell)
Mother's Name:
Mother's Home Ph: (w) (cell)

BRIEF CASE HISTORY

Child's Date of Birth:
Dentist's Name: Address:
Phone Number:
Physician's Name: Address:
Phone Number:
Date of Last Teeth Cleaning: Date of Last Fluoride Treatment:
Date of Last Dental Exam with Dentist: Date of Last Dental X-rays:
Date of Last Medical Examination:

FOR YOUR CHILD TO BE PROVIDED NHTI DENTAL HEALTH SERVICES THIS PERMISSION FORM MUST BE COMPLETED, SIGNED AND RETURNED TO NHTI DENTAL HYGIENE CLINIC.

(Please circle either Yes or No)

- 1. Is your child under the care of a physician? YES NO
2. Has your child had any serious illness or operation? YES NO
3. Does your child have or has the child had any of the following diseases or problems:
A. Rheumatic fever or Rheumatic Heart Disease YES NO
B. Congenital Heart Disease YES NO
C. Heart Murmur, if so Type: YES NO
D. Congenital Heart Disease YES NO
E. Pacemaker YES NO
F. Sub-Acute Bacterial Endocarditis YES NO
G. Cardiovascular Disease (heart trouble, heart attack, stroke, coronary insufficiency, high blood pressure) YES NO
H. Prosthetic Join Replacement YES NO

- I. Kidney Trouble/Disease YES NO
- J. Allergy YES NO
- K. Asthma or Hay fever YES NO
- L. Epilepsy YES NO
- M. Fainting spells/ Seizures YES NO
- N. Diabetes YES NO
- O. Hepatitis, Jaundice or Liver Disease YES NO
- P. Venereal Disease YES NO
- Q. Tuberculosis YES NO
- R. Lung disease or Condition YES NO
- S. Cancer, YES NO

If so explain: _____

- T. Low Blood Pressure YES NO
- U. Glandular Disease YES NO
- V. Pregnant YES NO
- W. Blood Disorders, Anemia Bleeder YES NO
- X. Other YES NO

4. Is your child taking any drug or medication? YES NO

If so explain: _____

5. Is your child allergic or react adversely to:

- A. Local anesthetics YES NO
- B. Penicillin or other antibiotics YES NO
- C. Sulfa Drugs YES NO
- D. Barbiturates, sedatives YES NO
- E. Aspirin YES NO
- F. Iodine YES NO
- G. Codeine or other narcotics YES NO
- H. Other YES NO

Additional Information:

If you answered "YES" to any of the above questions, please explain:

Does your child require any pre-medication before dental treatment? YES NO

If yes, please explain: _____

Are any special instructions necessary?

I, _____, authorize an examination, cleaning,
 Printed Name

sealants, radiographs and fluoride treatment for my child at the NHTI Dental Hygiene Clinic.

 Parent or Legal Guardian Signature

 Date