



Demarest Middle School – Sports Mouthguard
PATIENT WAIVER

IMPORTANT NOTICE: THIS IS A FEE FOR SERVICE DENTAL OFFICE PROVIDING SPORTS MOUTHGUARD PROGRAM TO ALL DEMAREST MIDDLE SCHOOL STUDENTS WITH NO FINANCIAL INCENTIVE AND IS NOT PART OF A GOVERNMENT PORGRAM. THIS SERVICE IS AVAILABLE ON A BY-APPOINTMENT-ONLY BASIS. CHILDREN THAT REQUIRED DENTAL TREATMENT WILL BE REFFERED TO HIS OR HER DENTIST.

Dental Patients Note: While the volunteer Hygienists, Dentists and staff members offer high quality procedures with latest equipment, I understand that, because of the number of children needing to be seen, my child will only receive a cursory examination, by no means this cursory exam may substitute a routine oral examination that I receive from my Dentist. I understand that my child might have certain medical or dental conditions which would keep him/her from receiving the Sports Mouthguard. I also understand that the dental care providers are volunteers for Sports Mouthguard ONLY and only limited appointment spaces were made available for fitting of these Sports Mouthguards. I will strictly adhere to the date and time that was given to my child, and understand that any missed appointment is a forfeiture of the free Sports Mouthguard.

In consideration of the free Sports Mouthguard, I, for myself and anyone entitled to claim through me, do hereby waive and release A Beautiful Smile Dentistry, L.L.C. or any persons or organizations acting on their behalf or sponsoring or volunteering at this office from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, and/or vision care or other health care or medical advice.

I grant to A Beautiful Smile Dentistry, L.L.C. and its agents the right to use any picture, voice and other reproductions of my child’s physical likeness in connection with advertising or publicizing A Beautiful Smile Dentistry, L.L.C. and its volunteering activities in all forms of media in perpetuity.

HEALTH HISTORY AND PERMISSION:

Child’s grade: _____

Child’s First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____ Sex: _____

Parent’s (Guardian’s) Full Name: _____ eMail: _____
*eMail is a must, confirmation will sent via email

Address: _____ Cell/Tel: _____

Does your child have any allergies? Y N Is your child taking any medication? Y N
Is your child under active Orthodontic treatment (wearing braces) ? Y N (if yes, please provide written clearance from Orthodontist.)

Does your child have or has your child had:

Asthma	Y <input type="radio"/> N <input type="radio"/>	Seizures	Y <input type="radio"/> N <input type="radio"/>	Bleeding Problems	Y <input type="radio"/> N <input type="radio"/>
Heart Murmur	Y <input type="radio"/> N <input type="radio"/>	Congenital Heart Disease	Y <input type="radio"/> N <input type="radio"/>	Anemia	Y <input type="radio"/> N <input type="radio"/>
Diabetes	Y <input type="radio"/> N <input type="radio"/>	Rheumatic Heart Disease	Y <input type="radio"/> N <input type="radio"/>	HIV or AIDs	Y <input type="radio"/> N <input type="radio"/>

Is there anything else we should know about the health of your child Y N (if yes) _____

Who should we contact in case of emergency? Tel: _____ Name: _____

I give consent for my child to participate in the Sports Mouthguard program. To the best of my knowledge, the medical history questions have been answered correctly and accurately. I allow my child to any procedure that is directly related to the Sports Mouthguard program, and is prescribed by the dentist of A Beautiful Smile Dentistry, L.L.C.

I have read, or had read to me, and understand and agree to all of the above.

Parent or guardian signature

Print Name/Tel #

Date