

**CINCINNATI DENTAL SOCIETY
UC BLUE ASH COLLEGE DENTAL HYGIENE PROGRAM**

**HEALTH HISTORY & PERMISSION FORM –
WAIVER AND RELEASE OF CLAIMS & EMERGENCY MEDICAL AUTHORIZATION**

Child's Information

First _ MI Last
Date of Birth Gender
Address
City State Zip Code
Phone School:

Emergency Contact (Name and Phone Number):

Does your child have or has your child had:

Asthma	Y	N	Congenital heart disease	Y	N
Heart Murmur	Y	N	Rheumatic heart disease	Y	N
Diabetes	Y	N	Bleeding problems	Y	N
Seizures	Y	N			

Is your child taking any medications? Y N
What medications

Does your child have any allergies? Y N
If Yes, what allergies

Has your child had any other serious illness or operation? Y N
If Yes, what illness or operation

Is there anything else we should know about the health of your child or the ability of your child to receive dental services, including x-Rays? List:

(continued on back)



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Phone (513) 745-5685
Fax (513) 745 5790

University of Cincinnati
Authorization, Release, and Waiver

Reference Number: _____ Project Description: _____

I authorize the University of Cincinnati its agents, affiliates, and sponsors to:

- (1) record my likeness and my voice on a video, audio, photographic, digital, electronic or any other medium;
(2) make and copyright recordings of me;
(3) use the recordings as production elements in subsequent projects;
(4) use, reproduce, modify, distribute, and disseminate such recordings and projects in any form, manner, or mode of transmission and for any purpose that the University, and those acting with its authority or consent, deems useful or appropriate, including, but not limited to, promotional or advertising purposes; and/or
(5) use my name, likeness, voice, and biographical material in connection with such recordings.

I release the University and its agents, affiliates, and sponsors from any liability related to any of the above activity, including, but not limited to, any liability related to any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies. I waive any right to inspect or approve recordings or the subsequent form in which they are used. I certify that I provide this authorization, release, and waiver for value rendered and expect no further financial compensation. I release the University and its agents, affiliates, and sponsors from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University and the University may at its discretion use them and/or provide such recordings to its affiliates, agents, or sponsors for their subsequent use, reproduction and dissemination. I have read and fully understand the terms of this authorization, waiver, and release.

Printed Name _____

Date _____

Signature (if 18 or over) _____

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Printed Name

Street Address
Phone

City

State

Zip

