Healthy Connections, Inc. Dental Registration Form

(Please Print)

Teacher's Name	**School**
_____	_____

Patient Name (Last, First, Middle)	**Patient SS#**	**Date of Birth (MM/DD/YYYY)**	**Sex** ☐ **M** ☐ **F**

Phone Number ( )	**Address**	**City**	**State**	**Zip Code**

_____ **No** **This child has no form of health or dental insurance.**

_____ **Yes** **The child has MCNA or Delta Smiles. Please attach a copy of the card.**

MCNA# _____ **or Delta Smiles #** _____

_____ **Yes** **We have private dental insurance, please fill out information below.**

Relationship to Subscriber	**Name of DENTAL Insurance (Please check one of the following)**
☐ **Self** ☐ **Spouse** ☐ **Child** ☐ **Other**	_____**BLUE CROSS & BLUE SHIELD** _____**DELTA DENTAL** **OTHER (specify)**_____

Sub/Emp. ID#/SS#	**Subscriber Name (Last, First, Middle) (As it reads on card)**	**Subscriber's Birth Date (MM/DD/YYYY)**

Policy # (As it reads on card)	**Group #**	**Phone Number** ( )

Address	**City**	**State**	**Zip**

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Healthy Connections, Inc. (HCI) and/or staffs, and all of their officers, employees and agents and agrees NOT TO SUE them on account of or in conjunction with any claims, causes of action, injuries, damage, or cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.

I hereby give my consent to Healthy Connections for an examination by a licensed dentist to determine the need for dental care for my child. I give the school permission to transport my child from school to Healthy Connections if necessary to receive treatment.

Signed (Parent or Guardian) **Printed Name** **Date**

Signed by School Nurse **Printed Name** **Date**