

## Oral Health Assessment/Waiver Request Form

California law (Education Code Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

<b>Section 1 ~ Child's Information</b>			
<i>To be completed by the parent or guardian</i>			
Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date:
Address:		Apt:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	Zip Code:	Parent/Guardian Name:	
School Name:	Teacher:	Grade:	Kindergarten School Year:
Child's Race/Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____

<b>Section 2 ~ Oral Health Data Collection</b>		
<i>To be completed by the dental professional conducting the assessment</i>		
Assessment Date:	Visible fillings present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency:
	Visible cavities present: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No obvious problem found
		<input type="checkbox"/> Early dental care recommended
		<input type="checkbox"/> Urgent care needed
_____		_____
<i>Licensed Dental Professional Signature</i>		<i>CA License Number</i>
		<i>Date</i>

<b>Section 3 ~ Wavier of Oral Health Assessment Requirement</b>	
<i>To be completed by a parent/guardian requesting to be excused from this requirement</i>	
I request my child be excused from the oral health assessment requirement for the following reason: (Check the box that best describes the reason.)	
<input type="checkbox"/> I am unable to find a dental office that will take my child's insurance plan.	
My child's dental insurance plan is:	
<input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> I cannot afford an oral health assessment for my child.	
<input type="checkbox"/> I do not wish my child to receive an oral health assessment.	
Optional: other reasons my child could not get an oral health assessment: _____	
_____	
<i>Signature of parent/guardian (section 3 must be filled out)</i>	
<i>Date</i>	

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**Return this form to the school by May 31st of child's first school year**

*Original to be retained in the child's school record.*