GARVEY SCHOOL DISTRICT
HEALTH SERVICES

2730 North Del Mar Avenue, Rosemead, CA 91770
Telephone: (626) 307-3427 Fax: (626) 307-3494

Oral Health Assessment

***California law, Education Code Section 49452.8*, requires that your child have an oral health assessment (dental check-up) by May 31st of the Kindergarten or first grade year, whichever is her/his first year attending a public school**. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have been performed within the twelve months before your child enters school also meet this requirement. If you cannot obtain this assessment for your child, a waiver form is available in the school office that you must complete and sign.

Section 1 – Student Information

*To be completed by the parent or guardian

Child's Name:_____ **Date of birth:**_____/_____/_____
First Middle Last

Child's Gender: ❑ Female ❑ Male

Child's Ethnicity: ❑ Alaska Native ❑ American Indian ❑ Asian ❑ Black/African American ❑ Hispanic/Latino ❑ Multi-racial ❑ Native Hawaiian/Pacific Islander ❑ Unknown ❑ White

Home Address:_____
Street City Zip Code

Parent/Guardian Name(s):_____

School Child Attends:_____ **Grade:**_____ **Teacher's Name:**_____

Section 2 - Oral Health Data Collection

**To be completed by the dental professional conducting the assessment

Assessment Date	Visible caries and/or fillings present?	Visible caries present?	Treatment Urgency
_____/_____/_____	❑ Yes ❑ No	❑ Yes ❑ No	❑ No obvious problems found ❑ Early dental care recommended ❑ Urgent care needed

Dental Professional's signature:_____ Date:_____

Printed Name:_____ Office Telephone: (_____)_____

Office Address:_____
Street City State Zip Code

This completed form must be returned to the school office by May 31st
Original to be retained in the child's health cumulative record folder