

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31st in kindergarten or first grade, whichever is his or her first year of 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 happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1

To be completed by the parent or guardian

| | | | |
|---|--|---|--|
| Child's First Name: | Last Name: | Middle Initial: | Child's Birth Date: |
| Address: | | | Apt: |
| City: | Zip Code: | Parent/Guardian Name: | |
| School Name: | Teacher: | Grade: | Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Child's Race/Ethnicity: | | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multi-racial | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Unknown | |

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

| | | |
|------------------|---|--|
| 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 |

Dental professional's signature

Date

continue on back

**Return this form to your child's school or
to the Child Welfare and Attendance Office, 2010 W. Swain Rd.**

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

Oral Health Assessment/Waiver Request Form (continued)

Section 3

Wavier of Oral Health Assessment Requirement

To be completed by a parent/guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason:
(Please check the box that best describes the reason.)

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

Medi-Cal/Denti-Cal

Healthy Families

Healthy Kids

None

Other: _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: _____

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date

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to the Child Welfare and Attendance Office, 2010 W. Swain Rd.**

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