Oral Health Assessment Form

California law now requires that your child have a dental check-up in kindergarten or first grade, whichever is his or her first year of public school. Oak Grove School District requires this examination prior to kindergarten entry. Check-ups that have happened within the 12 months before your child enters school meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:		
Address:			Apt.:		
City:			ZIP code:		
•					
School Name:	Teacher:	Grade:	Child's Sex:		
			□ Male □ Female		
Parent/Guardian Name:	Child's race/ethnicity:				
	□ White □ Black/African American □ Hispanic/Latino □ Asian				
	□ Native American □ Multi-racia	•	2.10.6.1		
	□ Native Hawaiian/Pacific Islander				
	□ Ivative ⊓awalian/Pacilic Islander	UTIKITOWIT			

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment	Caries F	Experience	Visible	Decay	Treatment Urgency:	
Date:	(Visible d	ecay and/or present)	- 1		□ No obvious problem found	ded (caries without pain or infection;
	□ Yes	□ No	□ Yes	□ No	or child would benefit from seals Urgent care needed (pain, info	ants or further evaluation) ection, swelling or soft tissue lesions)
Licensed Dental Professional Signature			-	CA License Number	 Date	

Section 3: Waiver of Oral Health Assessment Requirement To be filled out by parent or guardian asking to be excused from this requirement

Signature of parent or guardian Date				
f asking to be excused from this requirement: ▶				
Optional: other reasons my child could not get a dental o	check-up:			
I do not want my child to receive a dental check-up.				
□ I cannot afford a dental check-up for my child.				
My child's dental insurance plan is: □ Medi-Cal/Denti-Cal □ Healthy Families	□ Healthy Kids □ Other:	□ None		
□ I am unable to find a dental office that will take my chil	d's dental insurance plan.			

Return this form to the school *prior* to kindergarten entry.

Original to be kept in child's school record.

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.