Oral Health Assessment Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment *before* May 31 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:
School Name:	Teacher:	Grade:	Child's Gender: □ Male □ Female
Parent/Guardian Name:	Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ American Indian □ Alaska Native □ Native Hawaiian/Pacific Islander □ Multi-racial □ Unknown		

Section 2
Oral Health Data Collection
To be completed by the dental professional conducting the assessment

Assessment Date:	Visible caries and/or fillings present: □ Yes □ No	Visible caries present: □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended □ Urgent care needed

_____

Dental professional's signature ***Date***

Section 3
Waiver of Oral Health Assessment Requirement
To be completed by a parent or 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: _____

_____

If requesting to be excused from this requirement: ▶ _____

Signature of parent or guardian ***Date***

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.

Print Form