### **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 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.

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: <ul> <li>White</li> <li>Black/African American</li> <li>Asian</li> <li>American Indian</li> <li>Native Hawaiian/Pacific Islander</li> <li>Unknown</li> </ul>		<ul> <li>Hispanic/Latino</li> <li>Alaska Native</li> <li>Multi-racial</li> </ul>

### Section 1 To be completed by the parent or guardian

#### 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
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Dental professional's signature

Date

# Return this form to the school by May 31

Original to be retained in child's school record.

### Section 3 Waiver of Oral Health Assessment Requirement <u>To be completed by a parent or guardian requesting to be excused from this</u> <u>requirement</u>

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.)

 $\hfill\square$  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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