

Oral Health Assessment Form

California law (*Education Code Section 49452.8*) states your child must have a dental check-up by **May 31 of his/her first year in public school**. A California licensed dental professional operating within their scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she starts school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ <i>Licensed Dental Professional Signature</i> _____ <i>CA License Number</i> _____ <i>Date</i> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a 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.

Return this form to the school **no later than May 31** of your child's first school year.
Original to be kept in child's school record.



Date:

Dear Parent/Guardian of:

This is a reminder that we have not yet received a copy of your child's Kindergarten Dental Exam Verification as required by California State Law. Any Dental Exam your child received after August of _____ will meet this requirement.

If your child already received a Dental Exam after the above date, please submit a copy, using the attached form, to the school as soon as possible. If your child has not received this exam yet, please have your Dentist complete the examination and submit the attached form to the school.

If you do not have dental coverage for your child, you may be income-eligible for coverage through one of the State of California's low-cost insurance plans. To find out more information regarding the insurance plans, please contact Amy Gomez at 327-7988.

If you have any additional questions please feel free to contact me at the number listed below.

Sincerely,

Krista Cantrell, LVN

327-6361 phone/327-6390 Fax

School Nurse

Health Office Phone Number & Fax

Health Services Assistant

