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:		<u> </u>		<u> </u>	Apt.:
City:					ZIP code:
School Name:		Teacher:		Grade:	Child's Sex:
Parent/Guai		□ Native / □ Native Haw	Black/African America American Multi-ra ailan/Pacific Islander	cial 🛮 Other 🚾 Unknown	:/Latino 🗅 Asian
	Oral Health Data Co NOTE: Consider eac	•	·	ornia licensed	d dental professional
ssessment Caries Experience Visible Dec (Visible decay and/or fillings present)		Visible Decay Present:	· · · · · · · · · · · · · · · · · · ·		
	\$6 				
icensed Dental Professional Signature			CA License Numbe	er	Date
	Waiver of Oral Heal			<u>uirement</u>	
ase excuse	my child from the dental	check-up becau	se: (Check the box th	at best describe	s the reason)
	unable to find a dental or y child's dental insurance		e my child's dental ins	urance plan.	
- 1	Madi Cal/Danti Cal a H	cathy Familiae	- Haalthy Kida - a C	Ithor	□ None

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.

Signature of parent or guardian

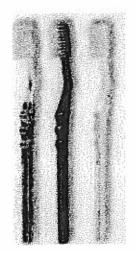
Return this form to the school no later than May 31 of your child's first school year. Original to be kept in child's school record.

Optional: other reasons my child could not get a dental check-up: _____

□ I cannot afford a dental check-up for my child.
 □ I do not want my child to receive a dental check-up.

if asking to be excused from this requirement:

Date





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

