



Oral Health Assessment/Waiver Request

California law, Education Code Section 49452.8, requires that your child have an oral health assessment by May 31st in Kindergarten or First grade, whichever is his or her first year of public school. The assessment must be performed by a licensed dentist or other licensed/registered dental health professional. An oral health assessment up to 12 months prior to the date your child entered school will also meet this requirement. You may complete Section 3 if you wish to excuse your child from this requirement.

Section 1 (To be completed by the parent or guardian)

Child's First Name:	Last Name:	MI:	Date of Birth:
Address:			
School Name:	Grade:	Child's Gender: <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"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2 (To be completed by dental professional)

Assessment Date:	Visible caries and/or fillings present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible caries 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 <input type="checkbox"/> Urgent care needed
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Dental professional's signature _____ Date _____

Printed name _____ Phone _____

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.

Other: _____

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.

Please return this form to the school by May 31st

(Original to be retained in child's school record)