## Calif Dept. of Education

## **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 started 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: Tea		Teacher:	Teacher:		Child's Sex:	
Parent/Guardian Name:		Child's race/ethnicity:  White Black/African American Blispanic/Latino Asian Native American Multi-racial Other Native Hawaiian/Pacific Islander Unknown				an
	Oral Health Data Col	•	-	ia licensed de	ental professi	onal)
Assessment	Caries Experience	h box separately. Mark each box.  Visible Decay   Treatment Urgency:				
				ovious problem found		
	□ Yes □ No	□ Yes □ No	□ Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) □ Urgent care needed (pain, infection, swelling or soft tissue lesions)			
Licensed Dental Professional Signature			CA License Number	CA License Number Date		
PRINTED Provider Name/Clinic Name			Phone #	Fax #		
	Waiver of Oral Healt ut by parent or guardia			quirement		
Please excuse	my child from the denta	check-up becau	ise: (Check the box th	at best describe	s the reason)	
	unable to find a dental o		e my child's dental ins	urance plan.		
□ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Other □ None						
□ I car	nnot afford a dental chec	k-up for my child.				
□ I do not want my child to receive a dental check-up. □ Other reasons my child did not get a dental check-up:						
	a reasons my child did n	or ger a demai ci	ıсск-up			

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.* 

If asking to be excused from this requirement:

Date