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 his 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:		Teacher:		Grade:	Child's Sex: □ Male □ Female
Parent/Guardian Name:		□ White □ □ Native A	Child's race/ethnicity:		
	Oral Health Data C NOTE: Consider each	· ·	_	ornia licensed	d dental professiona
Assessment Date:	Caries Experience Visible Decay (Visible decay and/or fillings present)			em found recommended (d	caries without pain or infectio
	□ Yes □ No	□ Yes □ No			r further evaluation) , swelling or soft tissue lesion
Licensed De	ntal Professional Signa	nture _	CA License Numbe	 er	 Date
Section 3:	ntal Professional Signa Waiver of Oral Hea ut by parent or guardia	Ith Assessme	ent Requirement		Date
Section 3: to be filled o	Waiver of Oral Hea	Ith Assessme n asking to be e	ent Requirement xcused from this red	quirement	
Section 3: To be filled or Please excuse	Waiver of Oral Hea ut by parent or guardia	Ith Assessme n asking to be e I check-up becau office that will take	ent Requirement xcused from this red se: (Check the box th	quirement nat best describe	
Section 3: To be filled on Please excused I am	Waiver of Oral Heaut by parent or guardiate my child from the dental of unable to find a dental of	Ith Assessme n asking to be e I check-up becau office that will take e plan is:	ent Requirement xcused from this red ise: (Check the box the e my child's dental ins	quirement nat best describe surance plan.	s the reason)
Section 3: To be filled on Please excuse I am	Waiver of Oral Hea ut by parent or guardia e my child from the denta unable to find a dental of by child's dental insurance	Ith Assessme n asking to be e I check-up becau office that will take e plan is: Healthy Families	ent Requirement xcused from this recuse: (Check the box the my child's dental ins	quirement nat best describe surance plan.	s the reason)
Section 3: To be filled or Please excuse □ I am M □ I car	Waiver of Oral Heaut by parent or guardiale my child from the dental unable to find a dental dy child's dental insurance. Medi-Cal/Denti-Cal	Ith Assessmen asking to be ended of the control of	ent Requirement xcused from this recuse: (Check the box the my child's dental insemble Healthy Kids 0	quirement nat best describe surance plan. Other	s the reason)
Section 3: To be filled or Please excuse □ I am M □ I car □ I do Optior	Waiver of Oral Heaut by parent or guardiale my child from the dental unable to find a dental dy child's dental insurance. Medi-Cal/Denti-Cal Innot afford a dental checonot want my child to reconot by the contract of the	Ith Assessmen asking to be en asking to be end office that will take end is: Healthy Families k-up for my child end a dental checold not get a	ent Requirement xcused from this recuse: (Check the box the my child's dental insemble Healthy Kids 0	quirement nat best describe surance plan. Other	s the reason)

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,

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.*

please call your school.