

# Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form. Your child's identity will not be associated with any report produced as a result of this requirement.

## To Be Completed by a Parent/Guardian:

### Section 1

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	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"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

## This section to be completed by a Dental Professional:

### Section 2

Assessment Date:	<u>Caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
<i>Dental professional's signature</i>		<i>Date</i>	

## To be filled out by a Parent/Guardian requesting waive this requirement :

### Section 3

#### Waiver of Oral Health Assessment 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.

*Signature of parent or guardian*

*Date*