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:	
Parent/Guardian Name:			Child's race/ethnicity: White Black/African American Hispanic/Latino Asian Native American Multi-racial Other Native Hawaiian/Pacific Islander Unknown					
Section 2:			•		•	rnia licensed	d dental pro	fessional)
Assessment Date:	(Visible de	xperience ecay and/or present)	Visible Dec Present:	□ No ob□ Early	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)			
□ Yes □ No □			□ Yes □ I	Yes Do Urgent care needed (pain, infection, swelling or soft tissue l				
Licensed De	ntal Profess	sional Signat		——————————————————————————————————————	ense Numbe	or		
Section 3: o be filled or	Waiver of	f Oral Heal	th Assess	ment Req	uirement			
lease excuse	my child fro	om the dental	check-up be	ecause: (Che	ck the box th	at best describe	s the reason)	
I am unable My child's		ntal office that rance plan is:	will take my	child's denta	al insurance p	olan.		
□ Medi-Ca	al/Denti-Cal	□ Healthy F	amilies 🗆 l	Healthy Kids	□ Other		□ None	е
I cannot affo	rd a dental o	check-up for r	ny child.					
l do not wan Optional: othe	•				:			
f asking to be	e excused f	rom this req	uirement: ▶					
J		•	-		ature of pare	ent or guardian	D	ate

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.