ATTACHMENT B

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.

Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address	City	Zip	Phone ( )
School Name	Teacher	Student's Gender ☐ Male ☐ Female	Parent/Guardian Name

Child's race/ethnicity: (Optional): ☐ Alaska Native ☐ American Indian ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ Multi-racial ☐ Pacific Islander ☐ White ☐ Unknown ☐ Other: _____

SECTION 1: To be completed by the parent or guardian

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.

➢ _____ _____

Signature of parent or guardian ***Date***

SECTION 2: Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	Visible caries and/or fillings present: ☐ Yes ☐ No	Visible caries present: ☐ Yes ☐ No	Treatment Urgency: ☐ No obvious problem found ☐ Early dental care recommended ☐ Urgent care needed

➢ _____ _____

Signature of Dental Professional ***Date***

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:

☐ Healthy Families ☐ Healthy Kids ☐ Medi-Cal/Denti-Cal ☐ None ☐ Other _____

☐ I cannot afford an oral health assessment for my child.

☐ I do not wish my child to receive an oral health assessment.

Optional: Other reasons my child could not get an oral health assessment _____

~~RETURN THIS FORM TO THE SCHOOL BY MAY 31.~~

Original to be retained in student's school record.