COMMUNITY DENTAL CLINIC



www.vbcassdhd.org 800.210.1921

Dear Parent or Guardian:

To make sure your child is ready for school, <u>Michigan Law (HB 4223)</u> requires that children have a dental screening with enrollment for Kindergarten. Along with hearing and vision screenings, dental screenings have been implemented to reduce dental disease among young children.

The attached Oral Health Assessment/Waiver Request Form is to be completed by the student's parent/guardian (Section 1) and by a licensed Michigan Dentist or Hygienist (Section 2).

Section 2 of this form can be completed <u>AT SCHOOL</u> by a PA-161 certified licensed dental hygienist from Van Buren / Cass District Health Department during scheduled dates for dental screenings that have been coordinated with school administration.

*This form can also be completed at the dental office of your choosing, and returned to school for this requirement.

If you cannot take your child or are declining a dental screening provided at school, for this required assessment, <u>please indicate the reason for this in Section 3 of the form</u>. Michigan 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.

Poor oral health can have a detrimental effect on children's quality of life, their performance at school, and their success later in life. Cavities are preventable and ensuring that students have the preventive oral health services they need in school is important in helping them stay healthy and ready to learn.

What is a dental screening ??- A quick/painless assessment of oral tissue to identify oral or systemic disease, malformation, or injury and the potential need for referral for diagnosis or treatment.

If you have questions about the oral health assessment requirement, please contact:

Emily Flowers, RDH

Registered Dental Hygienist / Community Dental Outreach 269-621-3143 Ext. 1337 Emilys@ybcassdhd.org

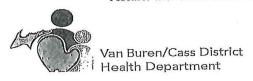
Kindergarten Oral Health Assessment Form

Michigan Law (HB 4223) states your child must have a dental screening by May 31 of their first year in public school. A Michigan licensed dental professional operating within their scope of practice must perform the screening and fill out Section 2 of this form. If your child had a dental screening in the 12 months before they 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 b	у	parent	or	guardian)
---------	----	---------	-------------	---------	-------	---	--------	----	-----------

Child's First Name: Address:		Last Name:		Middle Initial:	Child's birth date:		
			Apt.:				
City:					ZIP code:		
School Name:		Teacher:	3	Grade:	Child's Sex:		
Parent/Guardian Name:		Child's race/ethnicit Asian Black/African Ameri Hispanic/Latino	□ White □ Other er □ Unknown				
		Collection (Fille		igan licensed	dental profession	al)	
Assessment Date:	Caries Experience (decay/fillin	Visible e Decay	Visible Treatment Urgency: Decay Present □ No obvious problems				
□ Yes □ N		o Yes 🗆 No	nmended (decay withou rom further evaluation) in, infection, swelling or so				
			MI License Numb	nor.			
Section 3: Wa	y parent or guar	Health Assessme dian asking to be exc	nt Requirement cused from this requ	irement	·		
		dental check-up bec			ibes the reason)		
		ntal office that will tak		nsurance plan.			
n I do no	f want my child to	ealth screening for m o receive an oral healt my child could not ge	th screening.	ening:			
Please sign if	asking to waive	Oral Health Assess	ment Requirement:	Signature of p	parent or guardian	Da	
		9					
The law states	schools must keep	o student health inform n may only be used for	ation private. Your ch	ild's name will not	be part of any report as	 а	

Return this form to the school no later than May 31 of your child's first school year.



please contact your school office.