



Van Buren/Cass District
Health Department

COMMUNITY DENTAL CLINIC

www.vbcassdhd.org 800.210.1921

Dear Parent or Guardian:

To make sure your child is ready for school, Michigan Law (HB 4223) 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 AT SCHOOL 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, please indicate the reason for this in Section 3 of the form. 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@vbcassdhd.org

Dowagiac 302 S. Front St. Dowagiac, MI 49047 | Lawrence 260 South St. Lawrence, MI 49064

Dowagiac 269-782-0064 X 2000 | Lawrence 269-621-6159

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 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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a Michigan licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (decay/fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problems <input type="checkbox"/> Early Dental care recommended (decay without pain/infection or child would benefit from further evaluation) <input type="checkbox"/> Urgent Care needed (pain, infection, swelling or soft tissue lesions)
<hr style="width: 30%; display: inline-block; margin-right: 10px;"/> <hr style="width: 30%; display: inline-block; margin-right: 10px;"/> <hr style="width: 30%; display: inline-block;"/>			<i>Licensed Dental Professional Signature</i> <i>MI License Number</i> <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

I am unable to find a dental office that will take my child's dental insurance plan.

I cannot afford an oral health screening for my child.

I do not want my child to receive an oral health screening.

Optional: other reasons my child could not get an oral health screening: _____

Please sign if asking to waive Oral Health Assessment Requirement: _____

Signature of parent or guardian *Date*

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 contact your school office.

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

