## **Oral Health Assessment Form** Grades K-1 Only

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of the 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:	□ Native American □ Multi-racial □	□ Hispanic/Latino □ Other □ Unknown	□ Asian _

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

IMPORTANT N	OTE: Consi	der each box se	eparately	/. Mark e	ach box.		
Assessment	Caries	Experience	Visible	e Decay	Treatment Urgency:		
Date:	(Visible decay and/or Present:		□ No obvious problem found				
	fillings	present)			□ Early dental care recommende	d (caries without pain or infection;	
	□ Yes	□ No	□ Yes	□ No	or child would benefit from sealan	,	
				-			
Licensed Denta	I Profession	al Signature			CA License Number	Date	
Section 3: Wa					rement m this requirement		

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

	Signature of parent or guardian	Date
asking to be excused from this requirement: $\blacktriangleright$		
Optional: other reasons my child could not get a c	dental check-up:	
$\square$ I do not want my child to receive a dental chec	k-up.	
$\hfill\square$ I cannot afford a dental check-up for my child.		
□ Medi-Cal/Denti-Cal □ Healthy Families	Healthy Kids Other	□ None
My child's dental insurance plan is:	my child's dental insurance plan.	

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.

**Return this form to the school** *no later than* **May 30 of your child's first school year.** *Original to be kept in child's school record.*