## **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	t Name:		Last Name:		Middle Initial:	Child's birth date:
Address:						Apt.:
City:						ZIP code:
School Name:		Teacher:		Grade:	Child's Sex:  □ Male □ Femal	
Parent/Guardian Name:  Section 2: Oral Health Data Co		Child's race/ethnicity:  White Black/African American Hispanic/Latino Asian Native American Multi-racial Other Native Hawaiian/Pacific Islander Unknown  Ilection (Filled out by a California licensed dental profession)				
		der each	•	ly. Mark each box.  Treatment Urgency		
Date:	(Visible decay a	and/or	Present:	□ No obvious proble □ Early dental care	oroblem found caries without pain or infection;	
				I or child would bene	efit from sealants o	r further evaluation)
	□ Yes □	1 No	□ Yes □ No			, swelling or soft tissue lesion
Licensed De	□ Yes □				led (pain, infection	
Section 3:	ental Professiona Waiver of Ora	l Signat	ture th Assessme	□ Urgent care need  CA License Numbernt Requirement	led (pain, infection	, swelling or soft tissue lesion
Section 3: To be filled o	ental Professiona Waiver of Ora ut by parent or g	<i>l Signat</i> Il Healt uardian	ture th Assessme	□ Urgent care need	ded (pain, infection	, swelling or soft tissue lesion
Section 3: To be filled o Please excuse	ental Professional Waiver of Ora ut by parent or g	I Signat I Healt uardian e dental	ture th Assessme asking to be excheck-up becau	□ Urgent care need  CA License Numb  ent Requirement xcused from this re	ded (pain, infection	, swelling or soft tissue lesion
Section 3: To be filled o Please excuse □ I am N	waiver of Oraut by parent or gental from the nunable to find a of the find a find the find a find the find a find the find a find a find the	I Signat I Healt uardian e dental dental of surance	ture  th Assessme asking to be excheck-up becau fice that will take plan is:	CA License Number Requirement xcused from this resections: (Check the box the content of the con	ded (pain, infection  per  quirement  hat best describe surance plan.	Date s the reason)
Section 3: Fo be filled o Please excuse I am N	waiver of Oraut by parent or gental from the nunable to find a of the find a find the find a find the find a find the find a find a find the	I Signate I Healt I Healt I Learn tal I dental of I surance I Healt	ture  th Assessme asking to be excheck-up becau ffice that will take plan is: ealthy Families	CA License Number Requirement xcused from this rese: (Check the box the my child's dental insert Healthy Kids	ded (pain, infection  per  quirement  hat best describe surance plan.	Date s the reason)
Section 3: To be filled o Please excuse □ I am  N □ I can	waiver of Oraut by parent or gental Professional Waiver of Oraut by parent or gent on the manable to find a configuration of the config	I Signate I Healt I Healt I wardian I dental of I surance I al check I to recei	th Assessme asking to be excheck-up becautifice that will take plan is: ealthy Families t-up for my child.	CA License Number Requirement xcused from this researched by the my child's dental insumer Healthy Kids	ded (pain, infection  er  quirement  nat best describe surance plan.  Other	Date  S the reason)
Section 3: To be filled o Please excuse  □ I am  N  □ I cal □ I do Option	waiver of Oraut by parent or gental Professional Waiver of Oraut by parent or gent on the manable to find a configuration of the config	I Signate I Healt I Healt I wardian I dental of I surance I al	ture  th Assessme asking to be excheck-up becau ffice that will take plan is: ealthy Families -up for my child. ive a dental chec d could not get a	CA License Number Requirement xcused from this researched by the my child's dental installation.  Healthy Kids	ded (pain, infection  er  quirement  nat best describe surance plan.  Other	Date  S the reason)

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,

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

please call your school.