

### 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 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"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

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

Assessment Date:	Caries Experience (Visible decay and/or 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 problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA 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.  
 My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this 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 call your school.

**Return this form to the school no later than May 20<sup>th</sup>** of your child's first school year.  
*Original to be kept in child's school record.*

Dear Incoming Kindergarten Parent or Guardian,

**A California law (*Education Code Section 49452.8*) requires that every kindergartner have their teeth checked (dental check-up) as part of the entry into kindergarten.**

If your child has health coverage through Medi-Cal or a Covered California health plan, he or she also has dental coverage. For Covered California call (800)300-1506. For Medi-Cal call (800) 322-6384. The Children's Dental Clinic with the Orange County Health Care Agency provides basic dental care to children with no private dental insurance who meet income eligibility requirements. For the Children's Dental Clinic call (800) 914-4887).

Please take "**Oral Health Assessment/Waiver Request**" form with you to the dentist's office to be filled out, and then bring it to the school. If you choose not to take your child to the dentist for this required assessment, please indicate the reason in Section 3 of the form, sign and return to the school.

If your child has **already had a dental check-up** during the past six months, this requirement has already been met and your child does not need another one. **Just take the form to your dentist to be filled out.**

Remember, your child is not healthy and ready for school if he or she has poor dental health!

**Here is important advice to help your child stay healthy:**

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are best!
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Teach your child to floss daily.
- Limit candy and sweet drinks, such as punch or soda since they contain a lot of sugar, which causes cavities, replaces important nutrients in your child's diet, and contributes to weight problems (which may lead to other diseases, such as diabetes).
- Speak to dentist about the use of dental sealants.

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

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 oral health requirement.

If you have questions about this oral health assessment requirement, please contact your child's school for assistance.

Sincerely,

Vivian Wilson, RN, NCSN and Morgan Lopez, RN  
Credentialed School Nurses, Savanna School District