



Guajome Schools
"California Public Certified Charter Schools"

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Vista, Ca. 92083

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DENTAL EXAM

Dear Parent or Guardian:

To make sure your child is ready for school, a new California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Dental assessments completed up to 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a **licensed dentist** or other **licensed dental health professional**.

Please take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up.

The following resources will help you find a dentist and complete this requirement for your child:

1. For help in enrolling in either Medi-Cal/Denti-Cal or Healthy Families you may call the San Diego Maternal, Child and Family Health Services toll free help line at 1-800-675-2229. Listen for the SD-KHAN option.
2. For additional resources to find a provider:
 - a. San Diego Kids Health Assurance Network at 1-800-675-2229; www.sdkhan.org
 - b. 2-1-1 San Diego ((If you are unable to reach 2-1-1 from your cell phone or you are calling from outside San Diego County, call (858) 300-1211)
 - c. San Diego Dental Society 619-275-0244
 - d. Contact your school nurse
3. Medi-Cal/Denti-Cal's toll-free number or web site can help you find a dentist who takes Denti-Cal: 1-800-322-6384; www.denti-cal.ca.gov.
4. Healthy Families' toll free number or web site can help you find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305; www.healthyfamilies.ca.gov/hfhome.asp.

Remember, if your child has poor dental health, your child is not healthy and ready for school. 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 usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat, 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.

Your cooperation with this new law is very much appreciated. If you have questions about the new oral health assessment requirement, please contact the Health Office.

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form.

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 requirement.

Sincerely,

Guajome Schools Administration

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 their 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:	<u>Caries Experience</u> (fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <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>PRINTED Provider Name/Clinic Name</i>			_____ <i>Date</i>
_____ <i>Phone #</i>			_____ <i>Fax #</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.
- Other reasons my child did 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 31* of your child's first school year.
Original to be kept in child's school record.