



PLEASE RETURN OR FAX TO THE SCHOOL HEALTH OFFICE

Turlock Unified School District

Dental Health Assessment/Waiver Request Form

California law, Education Code Section 49452.8, now requires that your child have a dental health examination by May 31st in transitional kindergarten, kindergarten or first grade, whichever is his/her first year of public school.

Section 1. (To be completed by the parent or guardian)

Student Name: Last Name First Name Middle Initial Date of Birth: Address: Street City State ZIP Code Parent/Guardian Name:

Student's Race: White Black/African American Hispanic/Latino Asian American Indian Alaska Native Native Hawaiian/Pacific Islander Multi-Racial Unknown

Section 2. Oral Health Data Collection (To be completed by the dental professional conducting the assessment)

Assessment Date: Visible fillings: Yes No Visible caries present: Yes No Treatment Urgency: No obvious problem found Early dental care recommended Urgent care needed

Dental professional's signature Date

Section 3. Waiver of Dental Health Assessment Requirement (To be completed by a parent or guardian requesting to be excused from this requirement)

I request that my child be excused from the dental health examination requirement for the following reason: (Please check the box that best describes the reason.)

- I am unable to find a dental office that will take my child's insurance plan. My child is covered by the following insurance plan: Medi-Cal/Denti-Cal Healthy Families Healthy Kids None Other
I cannot afford a dental health examination for my child.
I do not wish my child to receive a dental health examination.

Parent/Guardian Signature: Date:

Return this form to the school by May 31, 2023 (Original to be retained in the student's school file)



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Requisito de Evaluación/Exención de Salud Dental

La ley de California, Código de Educación Sección 49452, ahora requiere que su hijo tenga un examen de salud dental antes del 31 de mayo de grados kínder transicional, kínder o primer grado, cualquiera que sea su primer año de escuela pública.

Sección 1. (Debe ser completada por el padre, la madre o el tutor)

Nombre del Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Nombre del Padre(s)/Tutor: \_\_\_\_\_

Raza: [ ] Blanco [ ] Negro/Afro-americano [ ] Hispano/Latino [ ] Asiático [ ] Indio Nativo Americano [ ] Nativo de Alaska [ ] Nativo de Hawai o de islas en el Pacifico [ ] Multi Racial [ ] Desconocido

Section 2. Oral Health Data Collection (To be completed by the dental professional conducting the assessment)

Assessment Date (fecha de evaluación): \_\_\_\_\_

Visible fillings (empastes presente): [ ] Yes (si) [ ] No (no) Visible caries present (caries presente): [ ] Yes [ ] No

Treatment Urgency: [ ] No obvious problem found [ ] Early dental care recommended [ ] Urgent care needed

Dental Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Sección 3. Exención del requisito de evaluación de salud dental (Debe ser completada por el padre(s) o tutor que solicita ser disculpado de cumplir con este requisito.

Solicito que mi hijo sea disculpado de cumplir con el requisito del examen de salud dental para ingreso escolar debido a la siguiente razón. (Favor de marcar el cuadro que describe la mejor razón.)

[ ] No puedo encontrar un consultorio dental que acepte el seguro de mi hijo. Mi hijo esta cubierto con el seguro de: [ ] Medi-Cal/Denti-Cal [ ] Healthy Families [ ] Healthy Kids [ ] Ninguno [ ] Otro \_\_\_\_\_

[ ] No puedo pagar por el chequeo dental de mi hijo.

[ ] No quiero que mi hijo reciba un chequeo dental.

Firma del Padre(s) o Tutor: \_\_\_\_\_ Fecha: \_\_\_\_\_

Regrese este formulario a la escuela antes del 31 de mayo 2023.

(El original será guardado en el archivo del estudiante)