Hacienda La Puente Unified School District

Oral Health Assessment/Waiver Request Form

California law, *Education Code Section 49452.8*, now requires that your child have an oral health assessment by kindergarten or first grade, whichever is his or her first year of public school. The assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1 -- To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Birthdate:
Address:			Apt.:
City:	State: Zip:	Phone:	
School:	Teacher:	Grade:	Boy Girl
Parent/Guardian:	Child's Race/ethnicity:	☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ American Indian ☐ Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial ☐ Unknown	

Section 2 -- To be completed by the dental professional conducting the assessment

Oral Health Data Collection

Assessment Date:	Visible fillings present: ☐ 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 -- To be completed by parent/guardian requesting to be excused from requirement

WAIVER -- I request that my child be excused from the oral health assessment 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 an oral health assessment for my child.

☐ I do not wish my child to receive an oral health assessment.

Optional: Other reasons my child could not get an oral health assessment:_____

_____

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. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian **Date**

Return this form to the school ASAP

Original to be filed in school record. 09/01/09