

JUNCTION SCHOOL DISTRICT PUPIL REGISTRATION**FOR OFFICE USE ONLY:** Stu. #: _____ Perm ID #: _____ GRADE: _____LEGAL NAME: _____
LAST FIRST MIDDLE

BIRTHDATE: ____/____/____ SEX: M F NONBINARY GENDER _____

BIRTH CITY: _____ STATE: _____ COUNTRY: _____

PARENT/GUARDIAN: _____
NAME RELATIONSHIP PRIMARY PHONE/TYPE SECONDARY PHONE/TYPE

STUDENT RESIDES WITH: Y / N E-MAIL ADDRESS: _____

PARENT EDUCATION LEVEL (PLEASE CHECK ONE):
☐ 1 = NOT A HIGH SCHOOL GRADUATE ☐ 2 = HIGH SCHOOL GRADUATE ☐ 3 = SOME COLLEGE
☐ 4 = COLLEGE GRADUATE ☐ 5 = GRADUATE SCHOOL/POST GRADUATE TRAININGPARENT/GUARDIAN: _____
NAME RELATIONSHIP PRIMARY PHONE/TYPE SECONDARY PHONE/TYPE

STUDENT RESIDES WITH: Y / N E-MAIL ADDRESS: _____

PARENT EDUCATION LEVEL (PLEASE CHECK ONE):
☐ 1 = NOT A HIGH SCHOOL GRADUATE ☐ 2 = HIGH SCHOOL GRADUATE ☐ 3 = SOME COLLEGE
☐ 4 = COLLEGE GRADUATE ☐ 5 = GRADUATE SCHOOL/POST GRADUATE TRAININGPHYSICAL ADR: _____ MAILING ADR: _____
STREET CITY STATE ZIP STREET CITY STATE ZIPDOES YOUR CHILD HAVE AN IEP OR 504 PLAN ☐ YES, IEP ☐ YES, 504 ☐ NO IEP OR 504 PLAN
IS STUDENT HISPANIC OR LATINO? ☐ NO, NOT HISPANIC OR LATINO ☐ YES, HISPANIC OR LATINO**PLEASE CONTINUE TO ANSWER THE FOLLOWING BY CHECKING ONE OR MORE BOX TO INDICATE STUDENT'S RACE.**ETHNICITY: ☐ 1 = AMERICAN INDIAN/ALASKA NATIVE ☐ 2 = ASIAN INDIAN ☐ 3 = BLACK/AFRICAN AMERICAN ☐ 4 = WHITE ☐ 5 = CAMBODIAN
☐ 6 = CHINESE ☐ 7 = FILIPINO ☐ 8 = GUAMANIAN ☐ 9 = HAWAIIAN ☐ 10 = HMONG
☐ 11 = JAPANESE ☐ 12 = KOREAN ☐ 13 = LAOTIAN ☐ 14 = OTHER ASIAN ☐ 15 = OTHER PACIFIC ISLANDER
☐ 16 = SAMOAN ☐ 17 = TAHITIAN ☐ 18 = VIETNAMESEHOME LANGUAGE: ☐ 00 = ENGLISH ☐ 01 = SPANISH ☐ 02 = VIETNAMESE ☐ 03 = CANTONESE ☐ 04 = KOREAN ☐ 05 = FILIPINO
☐ 09 = KHMER ☐ 10 = LAO ☐ 12 = ARMENIAN ☐ 23 = HMONG ☐ 29 = RUSSIAN ☐ 99 = OTHERENGLISH LANGUAGE FLUENCY: ☐ 1 = ENGLISH ONLY ☐ 2 = FLUENT ENGLISH PROFICIENT (FEP)
☐ 3 = REDESIGNATED FLUENT ENGLISH PROFICIENT (R-FEP) ☐ 4 = LIMITED ENGLISH PROFICIENT (LEP)**CHILDREN OF FAMILY**

NAME	BIRTHDATE	BOY	GIRL	NAME	BIRTHDATE	BOY	GIRL

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As a legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that the Junction School District, its employees, and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-Ray, or treatment provided in relation to this authorization shall be my responsibility.

***PLEASE NOTE:** Junction School District cannot give medication to your child without a Medication Release from signed by a doctor or parent. **Please contact the school office.**

SPECIAL INFORMATION: If your child has any of the following health problems, please check or state below:

- | | | | | |
|--|------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> HEMOPHILIA | <input type="checkbox"/> ALLERGY | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SEIZURES | <input type="checkbox"/> HEAT |
| <input type="checkbox"/> CHRONIC DIZZINESS | <input type="checkbox"/> EMOTIONAL | <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> NOSE BLEEDS | <input type="checkbox"/> SENSITIVITY TO CERTAIN DRUGS |
| <input type="checkbox"/> OTHER: _____ | | | | |

PERMISSION FOR EMERGENCY CARE- Information as of (date) _____. If I cannot be reached at home or business, contact any of the following individuals:

- | | | |
|----------------|------------------------------|---------------------|
| 1. Name: _____ | Relationship to child: _____ | Phone: (____) _____ |
| 2. Name: _____ | Relationship to child: _____ | Phone: (____) _____ |
| 3. Name: _____ | Relationship to child: _____ | Phone: (____) _____ |

In the event of any emergency, you have my permission to attempt to obtain treatment from: Dr. _____ Phone: (____) _____ or any physician selected by the school who will provide emergency treatment.

It is understood that the named physician may refuse to provide emergency treatment without additional authorization from the parent or guardian.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

According to appropriate grade level schedules, all children will receive vision, hearing, and dental screening. You have the right to refuse these services for your child. Unless you notify the office in writing, your child will be screened at no expense to you. My 7th grade daughter/8th grade son may participate in the free scoliosis screening. Yes _____ No _____

I (we) the parent /guardian are active in the Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or active duty or full-time Nation Guard). Yes _____ No _____

FOR SCHOOL USE ONLY- PLEASE DO NOT ENTER INFORMATION BELOW

DISTRICT MOBILITY: _____ SCHOOL MOBILITY: _____ SPED SERVICES: _____ GATE: _____ NSLP: _____

DATE OF ENROLLMENT: ____/____/____ GRADE: _____ LAST SCHOOL ATTENDED: _____

CUM REQUESTED: ____/____/____ CUM RECEIVED: ____/____/____ CONF. FILE: Y N

Enrollment Packet Checklist

- ☐ Proof of Address
- ☐ Copy of Birth Certificate
- ☐ Proof of Completed Immunizations
- ☐ Completed Physical Form
- ☐ Completed Enrollment Packet

Please call us the school at
530 547 3276
with any questions about these
required documents!



JUNCTION ELEMENTARY SCHOOL DISTRICT

Darin Pust, Superintendent/Principal
Megan Coates, Vice Principal

Board Members:
Clint Snyder ♦ Hope Bjerke ♦ Ken Parisot ♦ Sarah McCoy ♦ Brooke Worden

HOME LANGUAGE SURVEY

Directions to Parents and Guardians:

The *California Education Code* contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. **Please do not leave any question unanswered.**

1. Which language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language do *you* (the guardian) most frequently use when speaking with your child?

4. Which language is most often spoken by adults in the home? _____

Signature of Parent/Guardian

Date

Name of Student

Grade

Age



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Student's Name: _____ Date: _____

Dear Parent/Guardian,

So we may better serve your child, please answer the following questions:

	<u>YES</u>	<u>NO</u>
1. My child was previously enrolled in a special program.	_____	_____
If known, what is the name of the program? _____		
2. My child was seeing a Speech Therapist	_____	_____
3. My child was in an Instrumental Music Program	_____	_____
4. My child needs to wear eyeglasses in school	_____	_____
5. My child can be released to either parent	_____	_____
If no, are custody papers on file in child's records? _____		
6. My child has behavior problems in school	_____	_____
7. My child was in a GATE or MGM Program	_____	_____
8. My child has a hearing problem	_____	_____
9. My child has special needs	_____	_____
If yes, please indicate: _____		
10. Is English the primary language spoken in the home?	_____	_____
If the answer is no please explain: _____		

Parent/Guardian's Signature: _____

Comments: _____

Junction Elementary School District

This document is intended to address the McKinney-Vento Assistance Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student: _____ (Male___ Female___)

Birthdate: ____/____/____ Grade: _____

1. Do you and your student lived in a fixed, regular, adequate nighttime residence? **Yes**___ **No**___ (If you circled "Yes," stop here. You may need to provide a utility bill in your name as proof of residence. If you circled "No," please continue with this form.)

2. Do you and the student live in:

- ☐ shelter
- ☐ motel/hotel
- ☐ temporarily with another family in a house, mobile home, or apartment
- ☐ in a car or RV
- ☐ at a campsite
- ☐ transitional housing
- ☐ other location: _____

3. The student lives with:

- ☐ one parent
- ☐ two parents
- ☐ a qualified relative
- ☐ friend(s)
- ☐ an adult that is not the legal guardian
- ☐ alone with no adult(s)

4. I am:

- ☐ the parent/legal guardian of the above-named student
- ☐ a qualified adult relative of the above-named student (Relationship: _____)

I declare under penalty of perjury under the laws of this state that the information provided here is true and correct and of my own personal knowledge.

Signature: _____ Date: _____

Print Your Name: _____

Residence: _____
Street [p;"City Zip

Mailing Address: _____
Street City Zip

Telephone: (____) _____ Cell Phone: (____) _____

For School Use Only

Date Received: ____/____/____

- ____ Student not covered by McKinney Vento Act
- ____ Student covered by McKinney-Vento Act
- ____ Follow-up required



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TRANSPORTATION INFORMATION

Child's Name: _____ Grade: _____

First Name or Nickname Child answers to: _____

Parent/Guardian Name: _____

Home Address: _____
Street City State Zip

Primary Phone Number: _____ Secondary Phone Number: _____

Address your child will be going to after school:

Street City State Zip

Please draw a map showing the nearest crossroads:

Signature of Parent/Guardian

Date

NOTE: It is Junction's policy to return any child under 3rd grade to school when someone is not able to meet the child at the bus stop. This is for your child's safety.



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To: _____

From: _____

Fax: _____

Pages: _____

Phone: _____

Date: _____

REQUEST FOR RECORDS

The following students have enrolled in our school. Please send the cumulative and confidential records, including psychological, health, speech, and all Special Education Materials.

Last Name	First	M.I.	Birthdate
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Last Name	First	M.I.	Birthdate
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Send to:

Junction Elementary School District
9087 Deschutes Rd.
Palo Cedro, CA 96073

Please Fax the following documentation:

- X – Birth Certificate
- X – Immunization Records
- X – IEP or 504 Plan



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TRANSITIONAL KINDERGARTEN ACKNOWLEDGEMENT

In accordance with District Board Policy, I understand that my child is participating in the Transitional Kindergarten program and will be in Kindergarten the following school year. I understand that Transitional Kindergarten students who show proficiency/mastery of Kindergarten standards may be promoted directly to first grade if the teacher, school administrator, and parent all believe it to be in the child's best interest.

_____ Student Name	_____ Date
_____ Parent/Guardian Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ School Representative Signature	_____ Date



Kindergarten Parents!

Kids need shots to start kindergarten and need a complete health check-up for school.

Get your child ready to learn and do his or her best!

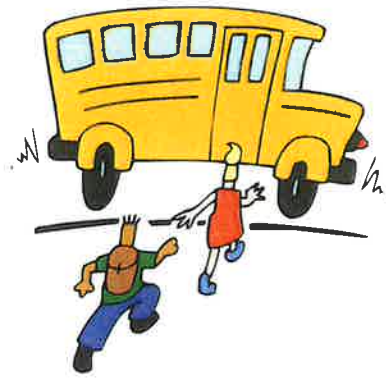
Make an appointment for a check-up and have the doctor fill out the attached form.

Take the form back to school.

Money problems? You may qualify for a free exam. Talk to your doctor or call 225-5122. Your child is all set!

Questions? Need help finding a doctor? Shasta County Public Health, Child Health & Disability Prevention Program (CHDP) can help!

**Call CHDP at 225-5122
Or 1-800-300-5122**



Padres de Niños Preescolares!

Los niños necesitan tener sus vacunas y un examen general antes de empezar la escuela.

Ayude a sus niños / as a estar listos para aprender y para que puedan desempeñar lo mejor de ellos.

**Haga una cita para que el médico examine a su niño /a
Y asegúrese que el médico le entregue el formulario completo.**

Después que el médico le entregue el formulario llévelo a la escuela.

**¿Tiene usted problemas de dinero?
Sus hijos talvez pueden calificar para un examen gratis.
Pregúntele a su médico o Llame al 225-5122**

Al completar el formulario su hijo ya esta listo para inscribirse al primer grado!

Preguntas??

**¿Necesita ayuda en cómo encontrar un médico?
El Departamento de Salud Pública del Condado de Shasta y (CHDP) El Programa de Salud para Niños y Prevención para los Incapacitados los pueden ayudar.**

**Llámenos a (CHDP) al 225-5122
O al 1- 800 -300 -5122**



SHASTA COUNTY DOCTORS & CLINICS - 2024
That Provide CHDP Health Assessments
Shasta County Public Health – CHDP Program 225-5122 or 1-800-300-5122

These providers may have room for Medi-Cal patients. Some offices may have age limits on children. **Please call the office for specific information.**

ANDERSON

Anderson Medical
Associates
2830 East St.
530-365-2545

Shasta Community Health
Center
2965 East St.
530-378-0486

REDDING

Center of Hope - Hill Country
Clinic
1201 Industrial Street
530-241-4100

Churn Creek Health Center
3184 Churn Creek Rd.
530-224-2700 or 530-768-2436

BURNEY

Burney Health Center
37491 Enterprise Dr.
530-335-5457

Pit River Health Services
36977 Park Ave.
335-3651 or (800) 843-7447

COTTONWOOD

Lassen Medical Group
20833 Long Branch Dr.
530-347-3418

FALL RIVER MILLS

Fall River Valley Health Clinic
Hospital Annex-Hwy 299E
530-336-6535

ROUND MOUNTAIN

Hill Country Health &
Wellness 29632 Hwy 299E
530-337-6243

SHASTA LAKE CITY

Shasta Community Health
Center
4215 Front St.
530-246-5896

SHINGLETOWN

Shingletown Medical Center
31292 Alpine Meadows
530-474-3390

**Give Your Child a
Healthy Start**



**Children starting
Kindergarten or
First Grade need a
Health Exam
And
Immunizations**

Shasta County Public Health
Child Health & Disability
Prevention - CHDP
(530) 225-5122

It's the Law!

California requires that every child entering first grade have a health exam.

Immunizations should be done by the time children enter Kindergarten.



If you do not want your child to have a health exam, you must sign a waiver form at the school

Healthy Children Learn Better!

Children may look well but have hidden health problems. If a health problem is found early, it can often be treated more easily.

Give your child a healthy and happy start in school. Schedule the health exam now!

Free Health Check-Ups

- Children who receive Medi-Cal are eligible for a free exam. Uninsured children from low to moderate income families may also be eligible. Many working families do qualify.
- Call the Child Health & Disability Prevention (CHDP) program to find out if you qualify.

Where to go?

Many private doctors do CHDP check-ups. If you qualify for a free CHDP check-up, you can make an appointment with your doctor, if he is a CHDP provider, or one of the doctors or clinics listed on the back. Call early for an appointment ... Don't wait until the last minute!

Need Help?

- Finding a Doctor
- Making an appointment

Call CHDP
(530) 225-5122

What does the Dr. do?

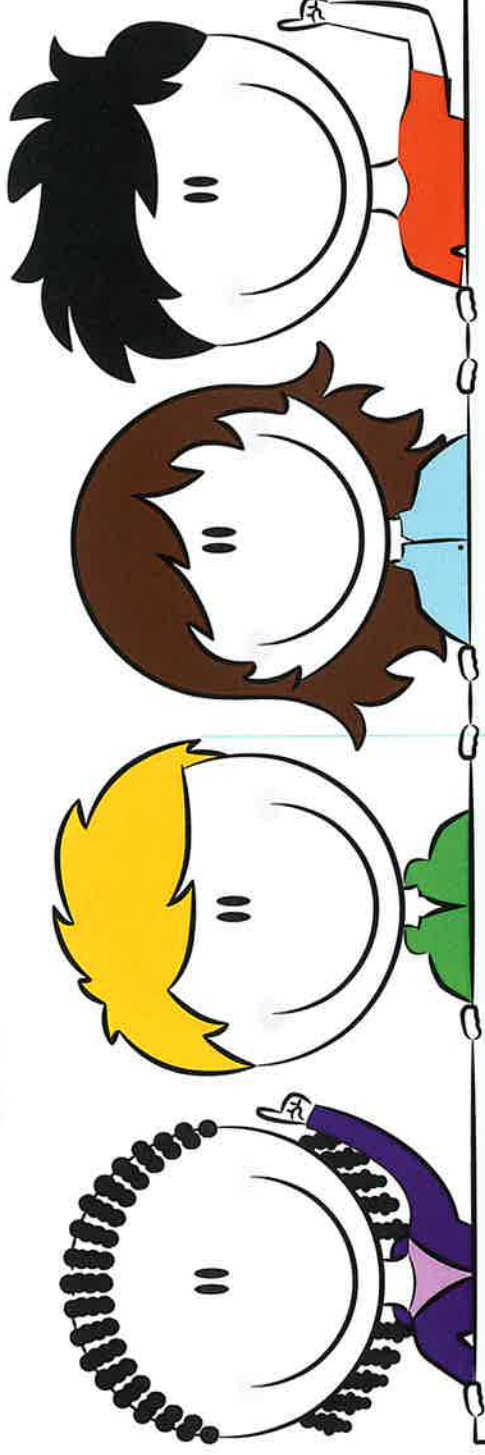
The health check-up includes:

- A head-to-toe physical exam
- Dental screening
- Growth & Nutrition assessment
- Hearing & Vision screening
- Urine & blood tests
- TB skin test
- Immunizations, as needed



Make sure to take the Report of Health Examination for School Entry form to the doctor to be filled out, then return it to school.

No Shots? No Records? No School.

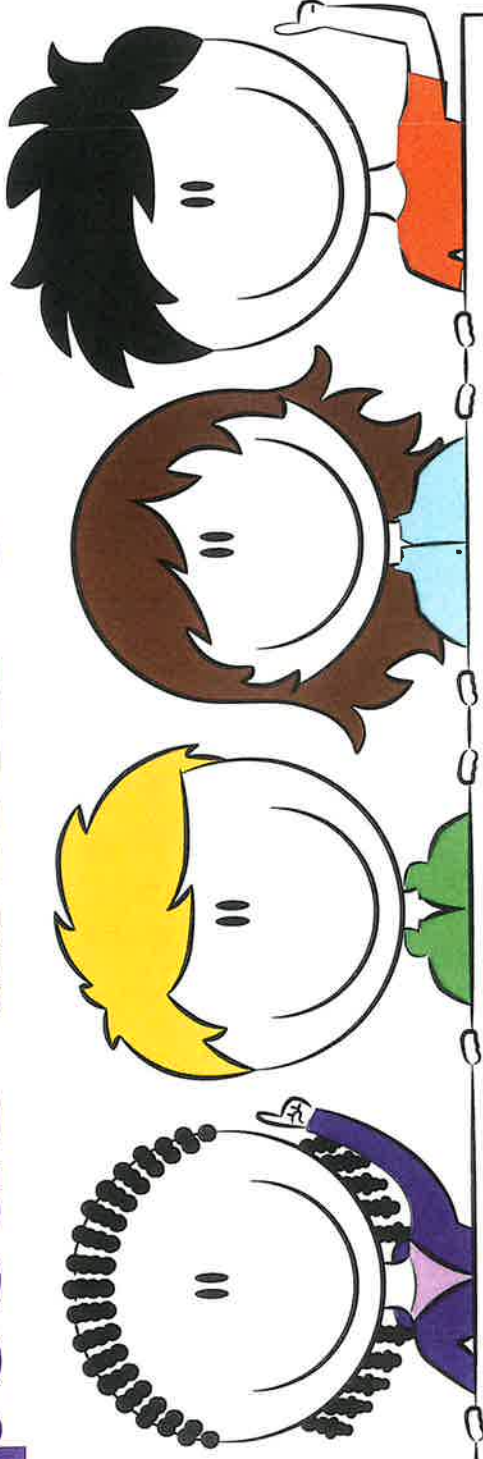


**Children will not be enrolled
unless an immunization record
is presented and
immunizations are up-to-date.***

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. **SHOTSFOR SCHOOL**

¿No está vacunado? ¿No tiene comprobantes? No puede asistir a la escuela.



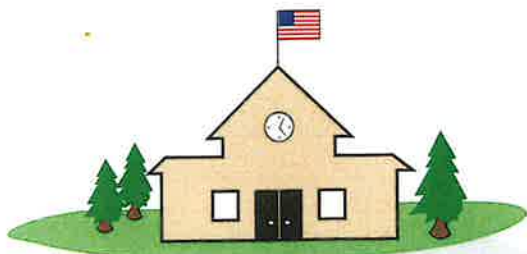
**No se admitirá a los niños a menos
que se presente el
comprobante de vacunación y
las vacunas estén al día*.**

**Avísenos si su hijo(a) no está vacunado(a) por motivos médicos.*

Visite **ShotsForSchool.org** para acceder información sobre los requisitos de vacunación, una herramienta de búsqueda interactiva de escuelas, materiales de implementación para las escuelas y materiales educativos para padres.

 **SHOTS**FOR**SCHOOL**

Keep Our School Healthy



**Send
sick kids
home**



- **Teach kids to cover their cough.**



- **Teach kids to wash hands for 20 seconds, often, with soap.**



- **Prevention through Vaccination.**

**Shasta County Health & Human Services
Public Health Branch**

Immunization Clinic Schedule

**2650 Breslauer Way
(530) 225-5591**

Monday 8:00 – 11:30 a.m. and 1:00 – 4:00 p.m.

Tuesday 8:00 – 11:30 a.m. and 1:00 – 4:00 p.m.

Wednesday 8:00 – 11:30 a.m.

Thursday 4:00 – 6:00 p.m.

Friday 8:00 – 11:30 a.m.

Appointments Preferred

1/3/2024



Medi-Cal Providers

Child Health & Disability Prevention Program (CHDP)

Health Assessment Providers

These CHDP providers may have room for children on Medi-Cal. Some offices may have age limits on children.
Please call the office for specific information.

**For details on insurance coverage or the Child Health & Disability Prevention Program (CHDP),
call (530) 225-5122.**

ANDERSON

Anderson Medical Associates
2830 East St.
(530) 365-2545

Shasta Community Health Center
2965 East St.
(530) 378-0486

BURNEY

Burney Health Center
37491 Enterprise Dr.
(530) 999-9030

Pit River Health Services
36977 Park Ave.
(530) 335-3651

Mayers Rural Health Center
20641 Commerce Way
(530) 335-6070

COTTONWOOD

Lassen Medical Clinic
20833 Long Branch Dr.
(530) 347-3418

FALL RIVER MILLS

Fall River Valley Health Center
43658 Hwy 299. E
(530) 999-9020

ROUND MOUNTAIN

Hill Country Health & Wellness
29632 Hwy 299 E.
(530) 337-6243

SHASTA LAKE CITY

Shasta Community Health Center
4215 Front St.
(530) 276-9168

SHINGLETOWN

Shingletown Medical Center
31292 Alpine Meadows Rd.
(530) 474-3390

REDDING

Mercy Family Health Center
2480 Sonoma St.
(530) 225-7800

REDDING CONTINUED

Hill Country Health & Wellness
1401 Gold St., Suite A
(530) 319-7066

Enterprise Family Health &
Vision Center
3270 Churn Creek Rd.
(530) 229-5000

Redding Rancheria Tribal Health
Center
1441 Liberty St.
(530) 224-2700
(Native Americans and their households)

Churn Creek Healthcare
3184 Churn Creek Rd.
(530) 768-2436

Shasta Community Health Center
1035 Placer St.
(530) 246-5710

Center of Hope-Hill Country
Clinic
1201 Industrial St.
530-241-4100



Medi-Cal/VSP Eye Doctors

Child Health & Disability Prevention Program (CHDP)

These optometrists may have room for Medi-Cal patients. Some offices may have age limits on children.
Please call the office for specific information.

ANDERSON

Daniel Bernet, O.D.
2890 Ventura St.
(530) 365-6471
VSP/Medi-Cal

COTTONWOOD

Michael Farrar, O.D.
3650 Main St., Ste C
(530) 347-7347
VSP/Medi-Cal

PALO CEDRO

Palo Cedro Eye Care
9372 Deschutes Rd.
(530) 547-2020
VSP/Medi-Cal

REDDING

Richard Martin
2005 Court St. Ste A
(530) 605-4230
VSP/Medi-Cal

Cooper and Link
3241 Churn Creek Rd.
Redding, CA 96002
(530) 222-2020
VSP/Medi-Cal

Enterprise Optometry Group
Mitch Martin, O.D.
3080 Victor Ave.
(530) 222-3166
VSP/Medi-Cal

Janani Lannin, O.D.
1950 Court St.
(530) 241-0778
VSP/Medi-Cal

Julie L. Gussenhoven
3416 Bechelli Lane
(530) 222-1422
VSP/Medi-Cal

Enterprise Family Health and
Vision
3270 Churn Creek Rd.
530-229-5000
VSP/Medi-Cal

Shasta Eye Medical Group
3190 Churn Creek Rd.
(530) 223-2500
VSP/Medi-Cal

Site for Sore Eyes
555 E Cypress Ave.
(530) 722-9992
VSP

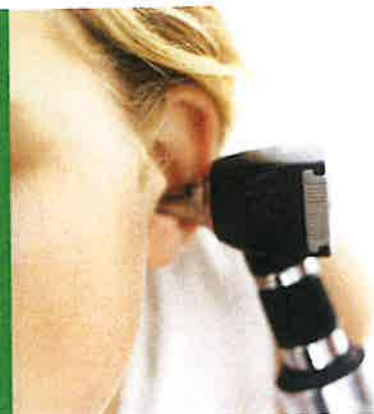
REDDING (Continued)

Costco Vision Center
1300 Dana Dr.
(530) 222-3166
VSP

SHASTA LAKE

Dan's Optical
4624 Shasta Lake Dam Blvd.
(530) 275-8581
VSP/Medi-Cal

Child Health & Disability Prevention Program (CHDP) (530) 225-5122



Audiologists accepting Medi-Cal

These Audiologists ***may not*** be accepting new clients ***please call*** to find out.

Audiology Services

Angela Batini, M.S.
2510 Airpark Dr. Ste 101
Redding, CA 96001
(530) 241-6656



Updated 11/08/2023



Medi-Cal Dental Services

Child Health & Disability Prevention Program (CHDP)

These CHDP providers may have room for Medi-Cal patients. Some offices may have age limits on children.
Please call the office for specific information.

If you would like help locating other dentists in Shasta County, please call Medi-Cal at 1-800-322-6384.
For information about insurance coverage or the Child Health & Disability Prevention Program, call (530) 225-5122.

ANDERSON

Anderson Family Health & Dental
Center
2965 East St.
(530) 365-3147

BURNEY

Pit River Health Services
36977 Park Ave.
(530) 335-3651

Mountain Valleys Health Centers
Burney Dental Center
20615 Commerce Way
(530) 999-9031

FALL RIVER MILLS

Frye Dental Inc
25515 Glenburn Rd.
(814) 777-7861

ROUND MOUNTAIN

Hill Country Community Clinic
29632 Hwy 299 E.
(530) 337-5750

REDDING

David Lee, D.D.S.
2138 Court St.
(530) 241-1129
(Children 16+)

Hill Country Health and Wellness
Center of Hope
1201 Industrial St. Redding, CA 96002
(530) 337-6244 (can text for quick
responses)

Li Min Hou, D.D.S.
1627 Hilltop Dr., Suite A
(530) 223-2989
(Extractions/dentures only)
19 years old and up

Lila Wilson, D.D.S.
2100 Hilltop Dr., Suite A
(530) 605-3350
(Children ages 4-12)

Redding Rancheria Churn Creek
Wellness and Dental Care Clinic
3110 Churn Creek Rd
Redding, CA 96002
530-768-2490
(Must have history of at least one visit
at one of the Redding Rancheria sites)

Redding Rancheria Tribal Health
Dental Clinic
1441 Liberty St.
(530) 226-1750
(Native Americans and their
households)

Shasta Community Health Center
Dental Clinic 1400 Market St., Room
8103
(530) 246-5700

Western Dental Orthodontics
1667 Hilltop Dr., Suite E
(530) 223-5500

SHASTA LAKE CITY

Shasta Community Health Center
4215 Front St.
(530) 276-9129

RED BLUFF

Northern Valley Indian Health, Inc.
2500 Main St.
(530) 529-2567, ext. 4
(All patients welcome)

Greenville Rancheria Dental
343 Oak St.
(530) 528-3488
(All patients welcome)

Registered Dental Hygienists in Alternative Practice – [RDHAP]

RDHAPs can provide dental
screenings, sealants, and cleanings,
but cannot provide full-scope dental
treatment.

Rose Johnson, RDHAP
Mobile Clinic – home visits available
(530) 215-6341

What Does CHDP Offer?

The CHDP Program helps prevent or find health problems through regular, no cost, health check-ups. A check-up includes:

- Health and developmental history
- Physical exam
- Vaccines
- Oral health assessment and referral to a dentist by age 1
- Nutrition screening
- Developmental and behavioral screenings
- Vision screening
- Hearing screening
- Health education
- Lab tests: anemia, lead and tuberculosis
- Referral to Women, Infants, and Children (WIC) program for children up to age 5

Other Services

The CHDP program can help you find:

- Dentists that accept Medi-Cal Dental for the care of your child's teeth
- Medical specialists
- Behavioral health services

Diagnosis and treatment can be paid for as long as your child has Medi-Cal.

Information

Contact your local CHDP office for more information about CHDP or if you need:

- Access to medical and dental doctors
- Help setting up an appointment
- Transportation resources
- Behavioral health services

You can find your local CHDP office by visiting the California Department of Health Care Services website at: www.dhcs.ca.gov/services/chdp

Shasta County Health and Human Services Agency - Public Health Branch

Child Health and Disability Prevention Program
2660 Breslauer Way
Redding, CA 96001
530-225-5122



Governor, Gavin Newsom
State of California

English

Child Health and Disability Prevention (CHDP) Program

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Medical and Dental Health Check-ups



FREE

For Babies, Children, and Youth under age 21 with Full Scope Medi-Cal or under age 19 with Low Family Income. No proof of legal status is required to receive CHDP services.

Why Get Health Check-ups?

Health check-ups are important for all children and youth. Health check-ups are a time to:

- Find and address medical, dental and behavioral health problems
- Get vaccines
- Ask your doctor questions

Health check-ups can be used for foster care, sports, camp or school entry.



Who Qualifies?

- Children and youth under age 21 who are eligible and/ or enrolled in Medi-Cal.
- Children and youth under age 19 with family income less than or equal to the current Federal Income Guidelines.
- No proof of income or legal status is required for CHDP services.

Babies and Toddlers Birth through 3 years

Regular health check-ups keep your baby happy and healthy. You will find out about your baby's growth, weight, health, and vaccinations. At your baby's health check-up your baby needs to:

- Be tested for lead and anemia
- Be screened for behavioral and developmental health
- Have a vision acuity screening beginning at age 3
- See a dentist for exams and fluoride varnish application every 6 months starting by age 1 or as soon as their first tooth comes in

In addition, your baby is eligible to:

- Receive 3 applications of fluoride varnish every year from your CHDP doctor to prevent cavities



Keep your child healthy by going to health check-ups.

During health check-ups the doctor can find and treat problems before they become serious.

School Children 4 through 12 years

Your child needs to be healthy and ready to learn. State laws require children to be up-to-date on their vaccines. Your child needs to receive the following services:

- Lead test before age 6
- Behavioral and developmental health screenings
- Hearing and vision screenings
- Dental exam every 6 months
- Fluoride application 2 times per year by your dentist and 3 times per year from your CHDP doctor until age 6

Teens and Young Adults 13 through 20 years

Teens need health check-ups too! This is a chance to make sure your teen is growing and developing well physically and emotionally. It is a time for you or your teen to ask the doctor questions. Your teen also needs to see a dentist every 6 months.



Immunization Law SB 277 Requiring All Age Appropriate Immunizations at Check points starting at Childcare, Kindergarten and 7th Grade

Medical Exemption FAQ

What's required for a medical exemption to a required immunization?

A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
- Which vaccines are being exempted.
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

May other practitioners, besides licensed physicians (M.D.s and D.O.s), provide a medical exemption to a required immunization?

No. Only a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) may provide a medical exemption.

In contrast, the other categories of licensed or credentialed practitioners in California previously authorized through 2015 to sign requests for personal beliefs exemptions (e.g., Nurse Practitioner, Physician Assistant, Naturopathic Doctor, or School Nurse) may not provide medical exemptions.

Is there a standardized form for medical exemptions?

No, but the documentation must include the elements described in [question 17](#).

Are licensed physicians required to assist in requests for medical exemptions?

A licensed physician may provide a medical exemption but is not required to do so. Parents or guardians seeking medical exemptions should check with physicians in advance to clarify their policies on medical exemptions.



JUNCTION ELEMENTARY SCHOOL DISTRICT

Darin Pust, Superintendent/Principal
Megan Coates, Vice Principal

Board Members:

Clint Snyder ♦ Hope Bjerke ♦ Ken Parisot ♦ Sarah McCoy ♦ Brooke Worden

February, 2025

Dear Parent or Guardian:

Re: New immunization requirements for 2016

Under a new law known as SB 277, beginning January 1, 2016 exemptions based on personal beliefs, including religious beliefs, will no longer be an option for the vaccines that are currently required for entry into child care or school in California. Most families will not be affected by the new law because their children have received all required vaccinations. Personal beliefs exemptions on file for a child already attending child care or school will remain valid until the child reaches the next immunization checkpoint at kindergarten (including transitional kindergarten) or 7th grade.

For more information about SB 277, please see the Frequently Asked Questions available at: <http://www.shotsforschool.org/laws/sb277faq/>.

For more information about school immunization requirements and resources, please visit the California Department of Public Health's website at www.shotsforschool.org, or contact your [local health department](#) or [county office of education](#).
Thank you for helping us to keep our children and community healthy.

Sincerely,

A handwritten signature in dark ink, appearing to read "Darin Pust", is written over a light blue horizontal line.

Darin Pust
Principal/Superintendent

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year	
ADDRESS—Number, Street		City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/dT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian
Name, address, and telephone number of health examiner

Date

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entreguelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido		Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año	
DOMICILIO—Número y Calle		Ciudad	Zona Postal	Escuela	

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD**EXAMEN DE SALUD**

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluación de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTpP/DT/Td (difteria, tétano y [acelular] pertusis [los ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)**RESULTADOS Y RECOMENDACIONES**

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- ☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- ☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

*de ser indicado

Firma del padre/madre o guardián

Fecha

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

WAIVER OF HEALTH EXAMINATION FOR SCHOOL ENTRY

CHILD'S NAME—Last		First	Middle	DATE OF BIRTH—Month/Day/Year	
ADDRESS—Number, Street		City	ZIP Code	SCHOOL	Teacher

PARENT OR GUARDIAN:

Please fill out this form if you want to excuse your child from the health examination required by California law for school entry. SIGN AND RETURN THIS FORM TO THE SCHOOL where it will be maintained as confidential information.

NOTE: SIGNING THIS WAIVER DOES NOT EXCUSE YOUR CHILD FROM RECEIVING THE IMMUNIZATIONS REQUIRED BY CALIFORNIA LAW FOR CHILDREN IN SCHOOL. ALSO, SIGNING THIS WAIVER WILL NOT DENY YOUR CHILD THE VISION AND HEARING TESTS DONE BY THE SCHOOL.

I have been informed about the health examination recommended by health professionals and required by state law. I have been informed about where my child can receive a health examination and about the income levels for receiving it at no cost to me.

Please check one of the following:

☐ I choose not to have my child receive a health examination as part of the school entry requirement.

☐ I would like my child to receive a health examination, but I am unable to obtain it.

Reason (see Health and Safety Code, Section 124085): _____

Signature of parent or guardian _____ Date _____

INQUIRE AT THE SCHOOL OFFICE OR YOUR LOCAL HEALTH DEPARTMENT IF YOU WANT MORE INFORMATION.

CHDP website: www.dhcs.ca.gov/services/chdp

RENUNCIA VOLUNTARIA PARA RECIBIR UN EXAMEN DE SALUD PARA INGRESAR A LA ESCUELA

NOMBRE DEL NIÑO/DE LA NIÑA—Apellido		Primer Nombre		Segundo Nombre		FECHA DE NACIMIENTO—Mes/Día/Año	
DIRECCIÓN—Número/Calle		Ciudad		Zona Postal		ESCUELA	
						Maestro(a)	

PADRE/MADRE O GUARDIÁN:

Si desea que su niño(a) no reciba el examen de salud requerido por la ley de California antes de ingresar a la escuela, por favor llene este formulario. FIRMELO Y DEVUELVALO A LA ESCUELA donde será guardado en forma confidencial.

AVISO: EL FIRMAR ESTA RENUNCIA VOLUNTARIA NO DISPENSA PARA QUE EL NIÑO/LA NIÑA RECIBA LAS INMUNIZACIONES REQUERIDAS POR LA LEY DE CALIFORNIA PARA LOS NIÑOS EN LA ESCUELA. TAMBIÉN, EL FIRMAR ESTE FORMULARIO NO LE NEGARÁ A SU NIÑO(A) EL DERECHO A RECIBIR LOS EXÁMENES DE LA VISTA Y EL OÍDO HECHOS POR LA ESCUELA.

Se me ha informado acerca del examen de salud recomendado por los respectivos profesionales y requerido por la ley del estado. Se me ha informado también acerca de los lugares donde mi niño(a) puede recibir un examen de salud y sobre los diferentes niveles de ingresos para recibirlo sin costo alguno.

Por favor marque uno de los siguientes casilleros:

☐ Escojo que mi niño(a) no reciba el examen de salud que es uno de los requisitos para ingresar a la escuela.

☐ Me gustaría que mi niño(a) reciba un examen de salud, pero estoy incapacitado(a) para obtenerlo.

Razón (vea Health and Safety Code, Sección 124085):

Firma del padre/madre o guardián

Fecha

SI DESEA MÁS INFORMACIÓN CONSIGALA EN LA ESCUELA O EN SU DEPARTAMENTO LOCAL DE SALUD.

CHDP website: www.dhcs.ca.gov/services/chdp

Pre-Kindergarten



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

Age When Admitted	Total Number of Doses Required of Each Immunization ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib ⁴ 1 MMR

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in the table above (Table A).
2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hib = Haemophilus influenzae, type B vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

Instructions:

California pre-kindergarten (child care or preschool) facilities are required to check immunizations for all new admissions and at each age checkpoint.

Unconditionally Admit a pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditional Admission Schedule for Pre-Kindergarten

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
Hib #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The pre-kindergarten facility shall notify the pupil's parent or guardian of the date by which the pupil must complete all remaining doses.

*In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.



Grados K-12

(incluyendo kínder transición)



Grado	Número De Dosis Requeridas De Cada Vacuna ^{1, 2, 3}				
Ingreso a K-12 °	4 Polio ⁴	5 DTaP ⁵	3 Hep B ⁶	2 MMR ⁷	2 Varicela
(7°-12°) ⁸	Dosis para K-12° + 1 Tdap				
Paso a 7° grado ^{9,10}	1 Tdap ⁸				2 Varicela ¹⁰

- Los requisitos para ingresar a K-12 también aplican a alumnos de transferencia.
- Las vacunas combinadas (p. ej., MMRV) cumplen con los requisitos para componentes individuales de cada vacuna. Las dosis de DTP cuentan hacia el requisito de DTaP.
- Cualquier vacuna que se aplicó cuatro días o menos antes de la edad mínima requerida es válida.
- Tres dosis de la vacuna contra la polio cumplen con el requisito si por lo menos una de las dosis se aplicó al cumplir los cuatro años de edad o después.
- Cuatro dosis de la vacuna DTaP cumplen con el requisito si por lo menos una de las dosis se aplicó al cumplir los cuatro años de edad o después. Tres dosis cumplen con el requisito si por lo menos una dosis de Tdap, DTaP o DTP se aplicó al cumplir los siete años de edad o después (también cumple con el requisito de Tdap para alumnos de 7°-12° grado. Vea nota 8). Una o dos dosis de la vacuna Td que se aplicaron al cumplir los siete años de edad o después también cuenta hacia el requisito para el ingreso a K-12°.
- Para el paso a 7° grado, consulte al Código de Salud y Seguridad, sección 120335, subdivisión (c).
- Dos dosis de la vacuna contra el sarampión, dos dosis de la vacuna contra las paperas y una dosis de la vacuna contra la rubéola cumplen el requisito, por separado o en conjunto. Sólo las dosis administradas al cumplir el 1er año de edad o después cumplen con el requisito.
- Se requiere al menos una dosis con protección contra la pertussis (tos ferina) al cumplir los siete años de edad o después para todos los alumnos de 7°-12° grado.
- Para niños en escuelas sin grados, los alumnos de 12 años de edad o mayor necesitan cumplir con los requisitos para el paso a 7° grado.
- El requisito de varicela para el paso a 7° grado vence después del 30 de junio del 2025.

DTaP/Tdap= vacuna contra el tétanos, la difteria y la tos ferina acelular

Hep B= vacuna contra la hepatitis B

MMR= vacuna contra el sarampión, la rubéola y las paperas

Instrucciones:

Los alumnos ingresando a 7° grado con una exención por creencias personales en su archivo, deben de cumplir con los requisitos para TK/K- 12° y 7° grado. Visite shotsforschool.org para más información.

Se requiere que las escuelas en California revisen los Comprobantes de Inmunización de todos los alumnos nuevos de Kínder de Transición/Kínder hasta el 12° grado al igual que todos los alumnos pasando a 7° grado antes de ingresar.

Admita Incon Incondicionalmente a un alumno cuyo padre o tutor ha proporcionado documentación de cualquiera de los siguientes puntos para cada vacuna requerida para la edad o el grado del alumno, según se define en la tabla arriba:

- Comprobante de Inmunización
- Una exención médica permanente*

Admita Condicionalmente a cualquier alumno que le falte la documentación para la admisión incondicional si el alumno:

- Comenzó a recibir dosis de todas las vacunas requeridas para su grado (tabla arriba) y actualmente no le toca ninguna dosis al momento de su ingreso (según los intervalos en el Calendario de Admisión Condicional bajo la columna titulada "EXCLUIR SI NO SE HA DADO") o
- Tiene una exención médica temporal para algunas o todas las vacunas requeridas.*

Calendario De Admisión Condicional Para Grados K-12

Antes de ingresar a la escuela, cada alumno debe obtener la primera dosis de cada vacuna requerida y cualquier dosis que le toca porque el período de tiempo permitido antes de la exclusión ha transcurrido.

Dosis	Lo Más Temprano Que Se Puede Dar	Excluir Si No Se Ha Dado
Polio #2	4 semanas después de la 1ra dosis	8 semanas después de la 1ra dosis
Polio #3	4 semanas después de la 2da dosis	12 meses después de la 2da dosis
Polio #4¹	6 meses después de la 3ra dosis	12 meses después de la 3ra dosis
DTaP #2	4 semanas después de la 1ra dosis	8 semanas después de la 1ra dosis
DTaP #3²	4 semanas después de la 2da dosis	8 semanas después de la 2da dosis
DTaP #4	6 meses después de la 3ra dosis	12 meses después de la 3ra dosis
DTaP #5	6 meses después de la 4ta dosis	12 meses después de la 4ta dosis
Hep B #2	4 semanas después de la 1ra dosis	8 semanas después de la 1ra dosis
Hep B #3	8 semanas después de la 2da dosis y por lo menos 4 meses después de la 1ra dosis	12 meses después de la 2da dosis
MMR#2	4 semanas después de la 1ra dosis	4 meses después de la 1ra dosis
Varicela #2	Menor de 13 años de edad: 3 meses después de la 1ra dosis	4 meses después de la 1ra dosis
	13 años de edad o mayor: 4 semanas después de la 1ra dosis	8 semanas después de la 1ra dosis

1. Tres dosis de la vacuna contra la polio cumplen con el requisito si una se aplicó al cumplir los 4 años o de después. Si la polio #3 es la última dosis requerida, polio #3 debe aplicarse al menos seis meses después de la polio #2.
2. Si DTaP #3 es la última dosis requerida, DTaP #3 debe aplicarse al menos seis meses después de DTaP #2, y los alumnos que no la han recibido entre los 12 meses después de la segunda dosis deben ser excluidos. Tres dosis cumplen con el requisito si el alumno recibió al menos una dosis de Tdap, DTaP o DTP al cumplir los siete años de edad o después. Una o dos dosis de la vacuna Td administrada al cumplir los siete años de edad o después cuentan hacia este requisito.

La asistencia continua después de la admisión condicional es permitida mientras que se presente documentación demostrando que el alumno recibió las vacunas requeridas restantes. La escuela debe:

- Revisar los archivos de cualquier alumno admitido condicionalmente cada 30 días después de la fecha de ingreso.
- Informar al padre o tutor de las vacunas restantes requeridas hasta que el alumno reciba todas las vacunas requeridas o presente una exención y
- Actualice la información de vacunación en el archivo escolar del alumno.

Si una escuela con un alumno transfiriéndose de otra escuela en los Estados Unidos cuyo archivo aún no se ha recibido en el momento de ingreso, la nueva escuela puede admitir al alumno por hasta 30 días. Si la nueva escuela no recibe el Comprobante de Inmunización al final de este periodo, la nueva escuela debe excluir al alumno hasta que su padre o tutor presente la documentación que cumple con los requisitos.

¿Tiene preguntas?

Vea el "California
Immunization Handbook"
(en inglés) en
ShotsForSchool.org

* De acuerdo con 17 CCR secciones 6050-6051 y las secciones 120370-120372 del Código de Salud y Seguridad.

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY

Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: MyVaccineRecord.CDPH.CA.gov

Students Entering Transitional Kindergarten or Kindergarten Need:

☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**

4 doses OK if one was given on or after 4th birthday;
3 doses OK if one was given on or after 7th birthday.

☐ **Polio (IPV or OPV) — 4 doses**

3 doses OK if one was given on or after 4th birthday.

☐ **Hepatitis B — 3 doses**

☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**

Both doses must be given on or after 1st birthday.

☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need:

☐ **All immunizations listed above**

For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need:

☐ **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**

☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about vaccines your child needs according to their age (bit.ly/CDCVaccinesByAge) **and where you can get your child immunized** (bit.ly/Where2BVaxed).

GUÍA PARA PADRES SOBRE LAS VACUNAS REQUERIDAS PARA PRE-KÍNDER (GUARDERÍA)



Empezando el 1 de julio de 2019

Los padres deben proporcionar el Comprobante de Inmunización del niño/a como prueba de vacunación antes de empezar el pre-kínder (guardería) y durante cada punto de control de edad después de ingresar.

Edad al ingresar/ punto de control	Dosis requeridas
2–3 meses	1 Polio 1 DTaP 1 Hep B 1 Hib
4–5 meses	2 Polio 2 DTaP 2 Hep B 2 Hib
6–14 meses	2 Polio 3 DTaP 2 Hep B 2 Hib
15–17 meses	3 Polio 3 DTaP 2 Hep B 1 Hib* (al cumplir el 1 ^{er} año de edad o después) 1 Varicela 1 MMR (al cumplir el 1 ^{er} año de edad o después)
18 meses–5 años	3 Polio 4 DTaP 3 Hep B 1 Hib* (al cumplir el 1 ^{er} año de edad o después) 1 Varicela 1 MMR (al cumplir el 1 ^{er} año de edad o después)

*Una dosis contra el Hib se debe aplicar al cumplir el 1^{er} año de edad o después, independientemente de las dosis anteriores. Se requiere sólo para niños menores de 5 años de edad.

DTaP= vacuna contra la difteria, el tétanos y la tos ferina acelular
Hep B= vacuna contra la hepatitis B
Hib= vacuna contra haemophilus influenzae tipo B
MMR= vacuna contra el sarampión, las paperas y la rubéola.



JUNCTION ELEMENTARY SCHOOL DISTRICT

Darin Pust, Superintendent/Principal
Megan Coates, Vice Principal

Board Members:

Clint Snyder ♦ Hope Bjerke ♦ Ken Parisot ♦ Sarah McCoy ♦ Brooke Worden

February, 2025

Dear Parent or Guardian:

To make sure your child is ready for school, 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. Assessments that have happened within the 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 or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. 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.

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

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at (fill in appropriate local contact information, available at <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.)
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health department at (fill in appropriate local contact information, available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>).

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 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 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.

If you have questions about the new oral health assessment requirement, please contact Jessica Snyder at 530-547-3276 or by email at jsnyder@junctionesd.net.

Sincerely,



Darin Pust
Principal/Superintendent



JUNCTION ELEMENTARY SCHOOL DISTRICT

Darin Pust, Superintendent/Principal
Megan Coates, Vice Principal

Board Members:

Clint Snyder ♦ Hope Bjerke ♦ Ken Parisot ♦ Sarah McCoy ♦ Brooke Worden

Febrero, 2025

Estimado Padre, Madre o Tutor:

Para asegurarse de que su hijo esté listo para la escuela, el estado de California, de acuerdo a la Sección 49452.8 del Código de Educación de la Ley estatal, ahora requiere un chequeo dental para su hijo antes del 31 de mayo en el caso de que curse su primer año en una escuela pública, ya sea primer año o kindergarten. Los chequeos dentales que se hayan realizado dentro del período de 12 meses previo al inicio del año escolar también son válidos. La ley especifica que la evaluación debe ser realizada por un profesional de salud dental registrado o con licencia.

Lleve la forma aquí incluida (Oral Health Assessment/Waiver Request) al consultorio dental, ya que será necesaria para la evaluación del niño. Si no puede llevar a su hijo a un chequeo dental, por favor indique la razón en la Sección 3 de esa forma. Puede obtener más copias de la forma en la escuela de su hijo en la página Web del Departamento de Educación de California <http://www.cde.ca.gov/ls/he/hn>. La ley de California requiere que las escuelas mantengan la privacidad de la información de salud de sus estudiantes. La identidad de su hijo no estará señalada en ningún reporte que sea producto de este requisito.

Estos son algunos recursos para ayudarle a encontrar un dentista y completar este requisito para su hijo:

1. **Medi-Cal/Denti-Cal**, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. Para registrar a su hijo en Medi-Cal/Denti-Cal, contacte a la agencia local de servicios sociales en <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>.
2. **Healthy Families**, su número telefónico gratuito y su página Web pueden ayudarle a encontrar a un dentista que acepte el seguro Healthy Families o para registrar a su hijo en el programa llame a: 1-800-880-5305 o visite la página <http://www.benefitscal.com/>.
3. Para recursos adicionales que puedan ser de ayuda, contacte el departamento local de salud pública en <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

¡Recuerde, su hijo no está saludable ni listo para la escuela si tiene una mala salud dental! Aquí hay algunos consejos importantes para ayudar a que su hijo se mantenga saludable:

- Lleve a sus hijos al dentista dos veces al año.

- Escoja alimentos saludables para toda la familia. Los alimentos frescos son normalmente los más saludables.
- Haga que sus hijos se cepillen los dientes por lo menos dos veces al día con una pasta de dientes que contenga fluoruro.
- Limite las sodas y los dulces.
 - Las sodas y los dulces contienen mucho azúcar, que causa las caries y reemplaza importantes nutrientes en la dieta de sus hijos. Las sodas y los dulces también contribuyen a los problemas de peso, que pueden dar pie a otras enfermedades, como la diabetes. ¡Entre menos dulces y sodas, mejor!

Los dientes de leche son muy importantes. No se trata sólo de dientes que eventualmente se caerán. Los niños necesitan esos dientes para comer de manera apropiada, hablar, sonreír y para sentirse bien con ellos mismos. Los niños que tienen caries pueden tener dificultades para comer, pueden dejar de sonreír y dejar de poner atención y de aprender en la escuela. El deterioro dental es una infección que no sana y que puede ser dolorosa cuando se deja sin tratamiento. Si las caries no son atendidas, los niños pueden enfermarse al grado de requerir atención médica de emergencia y sus dientes adultos pueden presentar un daño permanente. Hay muchas cosas que influyen en el progreso y éxito de los niños en la escuela, entre ellas está la salud. Los niños deben de estar saludables para aprender y los niños con caries no son niños saludables. ¡Las caries son prevenibles, pero afectan a los niños en mayor medida que cualquier otra enfermedad crónica!

Si tiene preguntas sobre el nuevo requisito de chequeo dental de las escuelas, por favor llame a **Jessica Snyder 530-547-3276** jsnyder@junctionesd.net

Atentamente,



Darin Pust
Principal/Superintendent

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY										
Address:			Apt.:										
City:		ZIP Code: 											
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y										
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female										
Child's Race/Ethnicity:	<table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Native American</td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Multi-racial</td></tr><tr><td><input type="checkbox"/> Hispanic/Latino</td><td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Unknown</td></tr><tr><td><input type="checkbox"/> Other (please specify)</td><td></td></tr></table>			<input type="checkbox"/> White	<input type="checkbox"/> Native American	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> White	<input type="checkbox"/> Native American												
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial												
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander												
<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown												
<input type="checkbox"/> Other (please specify)													

Continued on Next Page

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: MM – DD – YYYY	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Licensed Dental Professional Signature</div> <div>_____ CA License Number</div> <div>MM – DD – YYYY Date</div> </div>		

*Check “Yes” for Caries experience if there is presence of untreated decay or fillings
Check “No” for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM – DD – YYYY
A follow-up appointment for this child has been scheduled for:	MM – DD – YYYY
Did child receive needed treatment? <input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don't know	

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 31st of your child's first school year.

Original to be kept in child's school record.

Waiver of Oral Health Assessment Requirement


Please fill out this form if you need to excuse your child the oral health assessment requirement.
Sign and return this form to the school where it will be kept confidential.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:		ZIP code: 	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="radio"/> Male <input type="radio"/> Female	
Child's Race/Ethnicity:	<div><input type="radio"/> White</div> <div><input type="radio"/> Black/African American</div> <div><input type="radio"/> Hispanic/Latino</div> <div><input type="radio"/> Asian</div> <div><input type="radio"/> Other (please specify)</div> <div><input type="radio"/> Native American</div> <div><input type="radio"/> Multi-racial</div> <div><input type="radio"/> Native Hawaiian/Pacific Islander</div> <div><input type="radio"/> Unknown</div>		

Continued on Next Page

Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (check the box that best describes the reason):	
<input type="checkbox"/>	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <div><input type="checkbox"/> Medi-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy Kids <input type="checkbox"/> None</div> <div><input type="checkbox"/> Other: _____</div>
<input type="checkbox"/>	I cannot afford an assessment for my child.
<input type="checkbox"/>	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
<input type="checkbox"/>	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
<input type="checkbox"/>	I do not believe my child would benefit from an assessment.
<input type="checkbox"/>	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____
If asking to be excused from this requirement:	
	<div><div>_____ <i>Signature of parent or guardian</i></div><div>_____ <i>Date</i></div></div>

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.

Formulario de evaluación de la salud bucal

La ley de California (Sección 49452.8 del *Código de Educación*) exige que su hijo se haga un chequeo dental antes del 31 de mayo de su primer año en una escuela pública. Un profesional de la salud dental matriculado de California que trabaje dentro de su área de especialización debe realizar el chequeo y completar la Sección 2 de este formulario. Si su hijo tuvo un chequeo dental en los 12 meses anteriores al comienzo del año escolar, pídale a su dentista que complete la Sección 2. Si no puede conseguir un chequeo dental para su hijo, complete la Sección 3.

Sección 1. Información del menor (debe ser completada por el padre, la madre o el tutor)

Primer nombre del menor:	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del menor:
Domicilio:			Dpto.:
Ciudad:			Código postal:
Nombre de la escuela:	Maestro:	Grado:	Sexo del menor: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre/madre/tutor:	Raza/origen étnico del menor: <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Indio nativo americano <input type="checkbox"/> Multirracial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai/islas del Pacífico <input type="checkbox"/> Desconocido		

Sección 2. Información de salud dental: debe ser completada por un profesional de la salud dental matriculado de California

[Oral Health Data (To be completed by a California licensed dental professional)]

NOTA IMPORTANTE: Considere cada casilla por separado. Marque cada casilla.

[IMPORTANT NOTE: Consider each box separately. Mark each box.]

Fecha de la evaluación: <i>[Assessment Date:]</i>	Incidencia de caries <i>[Caries Experience]</i> (Caries visibles y/o empastes presentes) <i>(Visible decay and/or fillings present)</i> <input type="checkbox"/> Sí <i>[Yes]</i> <input type="checkbox"/> No <i>[No]</i>	Caries visibles presentes: <i>[Visible Decay Present:]</i> <input type="checkbox"/> Sí <i>[Yes]</i> <input type="checkbox"/> No <i>[No]</i>	Urgencia de tratamiento: <i>[Treatment Urgency:]</i> <input type="checkbox"/> Ningún problema obvio <i>[No obvious problem found]</i> <input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor o infección o el niño se beneficiará del sellador dental o de una evaluación adicional) <i>[Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation)]</i> <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones del tejido blando) <i>[Urgent care needed (pain, infection, swelling or soft tissue lesions)]</i>
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Firma del profesional de salud dental matriculado <i>[Licensed Dental Professional Signature]</i> </div> <div> Número de matrícula de CA <i>CA License Number</i> </div> <div> Fecha <i>Date]</i> </div> </div>			

Sección 3. Exención del requisito de evaluación de salud dental

Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- ☐ No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo.

El plan de seguro dental de mi hijo es:

- ☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Otro _____ ☐ Ninguno

- ☐ No puedo pagar el chequeo dental de mi hijo.

- ☐ No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental: _____

Si pide ser eximido de este requisito: ►

Firma del padre, madre o tutor

Fecha

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, comuníquese con la escuela.

Regrese este formulario a la escuela *antes* del 31 de mayo del primer año escolar de su hijo.
El original de este formulario será guardado en el registro escolar del menor.

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAS): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]

Formulario de Evaluación de Salud Dental

La Ley de California (Código de Educación Sección 49452.8) establece que tu hijo (a) debe de tener una evaluación dental antes del 31 de mayo de su primer año en la escuela pública. Un profesional con licencia en salud dental debe de realizar dicha evaluación y llenar la sección 2 de este formulario. Si tu hijo (a) ha tenido una evaluación dental en los 12 meses previos al inicio de su año escolar, pide a tu dentista que llene la sección 2 de este formulario. Si no puedes cumplir con la evaluación dental para tu hijo (a), llena la sección 3.

Sección 1: Información del niño (a) (Debe ser llenada por uno de los padres o tutores)

Primer nombre del niño (a):	Apellido:	Inicial del segundo nombre:	Fecha de nacimiento del niño (a):
Domicilio:			Departamento.:
Ciudad:			Código Postal:
Nombre de la escuela:	Maestro (a):	Grado:	Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino
Nombre del padre o tutor:	Raza u origen étnico del niño (a): <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afro-americano <input type="checkbox"/> Hispano/Latino <input type="checkbox"/> Asiático <input type="checkbox"/> Americano Nativo <input type="checkbox"/> Multi-racial <input type="checkbox"/> Otro _____ <input type="checkbox"/> Nativo de Hawai o Islas del Pacífico <input type="checkbox"/> Desconocido		

Sección 2: Recolección de información de salud dental (Debe ser llenado por un profesional de salud dental con licencia de California)

NOTA IMPORTANTE: Considera cada pregunta de forma separada. Marca tu respuesta en el espacio correspondiente.

Fecha de la evaluación:	<u>Experiencia con Caries</u> (Daño visible / amalgamas presentes) <input type="checkbox"/> Sí <input type="checkbox"/> No	<u>Daño visible presente:</u> <input type="checkbox"/> Sí <input type="checkbox"/> No	<u>Urgencia del tratamiento:</u> <input type="checkbox"/> No se encontraron problemas obvios <input type="checkbox"/> Se recomienda atención dental pronta. (Caries sin dolor o infección, o el niño (a) se beneficiaría de tapaduras o de una evaluación más profunda) <input type="checkbox"/> Se necesita atención urgente (dolor, infección, inflamación o lesiones en el tejido blando)
<hr/>			
<u>Firma del profesional dental con licencia</u>		<u>Número de licencia de California</u>	<u>Fecha</u>

Sección 3: Excusa para el requerimiento de evaluación dental

Debe ser llenada por un padre o tutor que soliciten excusa de este requerimiento

Por favor excuse a mi hijo (a) de la evaluación dental debido a: (Marca el espacio que mejor describe la razón)

- ☐ No pude encontrar un consultorio dental que acepte el plan de seguro de mi hijo (a).
El plan de seguro dental de mi hijo es:
☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ Otro _____ ☐ Ninguno
- ☐ No me alcanza para pagar por la evaluación dental de mi hijo (a).
- ☐ No quiero que mi hijo (a) reciba una evaluación dental.
- Opcional: otras razones por las cuales mi hijo (a) no puede recibir una evaluación dental: _____

Si pides una excusa de este requerimiento: ► _____
Firma del padre o tutor *Fecha*

La ley establece que las escuelas deben de mantener en privado la información de salud de los estudiantes. El nombre de tu hijo (a) no será parte de ningún reporte como resultado de esta ley. Esta información sólo puede ser usada para propósitos relacionados con la salud de tu hijo (a). Si tienes preguntas por favor llama a tu escuela.

Regresa esta forma a la escuela antes del 31 de mayo del primer año escolar de tu hijo (a).
El original debe de ser incluido en el archivo escolar de tu hijo (a).



Don't forget to schedule your child's required dental assessment!

What is the Kindergarten Oral Health Assessment (KOHA)?

To make sure your child is ready for school, California law requires children to have a dental assessment by **May 31** in either kindergarten or first grade, whichever is their first year in public school.

Why is it important?



Poor oral health can affect a child's attendance, grades and overall performance in school. The KOHA helps ensure children are healthy and ready for a successful school year.

What is a Dental Home?

A dental home is a dental office where you and your child feel safe and comfortable going to.



STEPS TO COMPLETE THE KOHA:

- 1. Look out for a registration form and information from your child's school.**
They will give you a:
 - Letter about the KOHA requirement
 - Form that the dentist will complete during your child's assessment
- 2. Take your child to the dentist by May 31st.** You can visit SmileCalifornia.org/Find-A-Dentist to find a dental home for your family.
- 3. Ask the dentist to fill out the KOHA form at your child's visit.**
- 4. Give your child's school the completed form.**
At this point, you're done with the requirement but not with your child's dental care!

As a Medi-Cal member, your child is covered for two dental check-ups and cleanings a year.



Visit SmileCalifornia.org to find your child's dental home today.



¡No olvide programar la evaluación dental requerida para su niño!

¿Qué es la evaluación de la salud bucal de kindergarten (KOHA)?

Para asegurarse de que su niño esté listo para la escuela, la ley de California requiere que tenga una evaluación dental antes del **31 de mayo**, ya sea en el kindergarten o en el primer grado, cualquiera que sea su primer año en la escuela pública.

¿Por qué es importante?

La mala salud bucal puede afectar la asistencia, las calificaciones y el rendimiento general de un niño en la escuela. La KOHA ayuda a garantizar que los niños estén saludables y listos para tener un año escolar exitoso.

DATOS SOBRE LA PREPARACIÓN ESCOLAR:

- Los niños que tienen mala salud bucal suelen faltar más a la escuela y reciben calificaciones más bajas que los niños que no la tienen.
- Los niños que tienen caries también pueden tener dificultades para comer, hablar y concentrarse en la escuela.
- Las sonrisas saludables hacen que los niños se sientan seguros y bien consigo mismos.
- Establecer buenos hábitos de salud bucal en la niñez ayuda a crear una vida de sonrisas saludables.

CÓMO COMPLETAR LA KOHA:

- Esté pendiente de un formulario de inscripción que se distribuirá cuando inscriba a su niño en la escuela.
- Visite o encuentre su hogar dental.
- Complete una evaluación dental 12 meses antes de que su niño empiece la escuela pública por primera vez o antes del **31 de mayo** de su primer año en la escuela (kindergarten o 1er grado).

1 de cada 5
niños en
California tiene
caries dentales
no tratadas.*

¿Por qué es importante tener un hogar dental?

- El dentista puede establecer una relación con su familia.
- El dentista tiene oportunidades consistentes para ofrecer tratamiento preventivo y encontrar pequeños problemas antes de que se agraven.
- Los niños que desarrollan una relación familiar con su dentista tienen menos probabilidades de experimentar ansiedad dental y son más propensos a visitar al dentista regularmente cuando sean adultos.

Medi-Cal
cubre
chequeos
dentales para
niños cada 6
meses.



Visite SonrieCalifornia.org para encontrar un hogar dental para su niño hoy.





Oral Health and School Readiness Fact Sheet

All children enrolled in Medi-Cal have dental coverage, but many parents and guardians may not realize their child has dental benefits or know how to access dental care.

A Child's Oral Health Affects Their Whole Body

Children with poor oral health may:

- Miss more school and receive lower grades than children who don't.
- Develop an infection or other serious health condition.
- Have trouble eating, speaking, and even sleeping due to pain.
- Have low self-esteem.



Dental Check-Ups Are Important for School Readiness

- Establishing good dental care habits at home at a young age is important. However, it is critical to educate families that home care alone is not a substitute for a dental check-up.
- Healthy teeth not only help children eat, speak and sleep better, but also to perform better in school.
- According to a USC study, children with tooth pain were more likely to miss school days and four times more likely to have a low grade-point average when compared to children without oral pain.

The good news is that tooth decay is preventable!

The Kindergarten Oral Health Assessment Requirement

- To make sure children are ready for school, California law requires that children have a dental assessment by **May 31** in either kindergarten or first grade, whichever is their first year in public school.



Medi-Cal Offers Comprehensive Preventive and Restorative Dental Benefits to Both Children and Adults

- Members under the age of 21 are covered for two dental check-ups and cleanings a year.
- Members 21 years of age or older are covered for one dental check-up and cleaning a year.

Connecting Members to a Medi-Cal Dentist

1. Visit SmileCalifornia.org.
2. Click on the orange "Find A Dentist" button at the top of the page.
3. Search for Medi-Cal dental providers in their area that are accepting new patients.



For additional information on the Medi-Cal Dental Program covered services and oral health resources for every life stage, visit SmileCalifornia.org/School-Readiness.

 DHCS | Medi-Cal Dental


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CALIFORNIATM
MEDI-CAL HAS DENTAL COVERED



Hoja informativa sobre la salud bucal y la preparación escolar

Todos los niños inscritos en Medi-Cal tienen cobertura dental, pero es posible que muchos padres y tutores no se den cuenta de que su hijo tiene beneficios dentales o sepan cómo acceder al cuidado dental.

La salud bucal de un niño afecta todo su cuerpo

Es posible que los niños con problemas de salud bucal:

- Falten más a la escuela y reciban calificaciones más bajas que los niños que no la tienen.
- Desarrollen una infección u otra condición de salud grave.
- Tengan dificultades para comer, hablar e incluso dormir debido al dolor.
- Tengan baja autoestima.



Los chequeos dentales son importantes para la preparación escolar

- Es importante establecer buenos hábitos de cuidado dental en el hogar a una edad temprana. Sin embargo, es fundamental educar a las familias que el cuidado en el hogar por sí solo no sustituye un chequeo dental.
- Los dientes sanos no solo ayudan a los niños a comer, hablar y dormir mejor, sino también a desempeñarse mejor en la escuela.
- Según un estudio de la USC, los niños con dolor de muelas tenían más probabilidades de faltar a la escuela y cuatro veces más probabilidades de tener un promedio de calificaciones bajo en comparación con los niños sin dolor bucal.

¡La buena noticia es que las caries dentales son prevenibles!

El requisito de la evaluación de la salud bucal de kindergarten

- Para asegurarse de que su niño esté listo para la escuela, la ley de California requiere que tenga una evaluación dental antes del **31 de mayo**, ya sea en el kindergarten o en el primer grado, cualquiera que sea su primer año en la escuela pública.



Medi-Cal ofrece beneficios dentales integrales, preventivos y restaurativos para niños y adultos

- Los miembros menores de 21 años tienen cobertura para dos chequeos y limpiezas dentales al año.
- Los miembros de 21 años o más tienen cobertura para un chequeo dental y una limpieza al año.

Cómo conectar a los miembros con un dentista de Medi-Cal

1. Visite [SonrieCalifornia.org](https://www.SonrieCalifornia.org).
2. Haga clic en el botón anaranjado "Encuentre un dentista" que aparece en la parte superior de la página.
3. Busque proveedores dentales de Medi-Cal en su área que acepten nuevos pacientes.

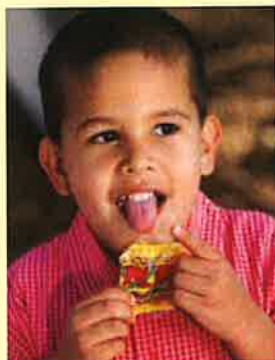


Para más información sobre los servicios cubiertos por el Programa Medi-Cal Dental y los recursos de salud bucal para cada etapa de la vida, visite [SonrieCalifornia.org/School-Readiness](https://www.SonrieCalifornia.org/School-Readiness).

 **Medi-Cal Dental**


sonríe,
CALIFORNIA
MEDI-CAL TIENE COBERTURA DENTAL

Did you know there is lead in some candy?



Lead has been found in some candies, including chili and tamarind candy from foreign countries.

The lead in the candy can come from many places. It can be in the soil where ingredients for candies are grown. It can be in the factories where candy is made. It can even be in the ink on the candy wrappers. People selling these candies may not know there is lead in it. **You can't tell if candy has lead in it just by looking at it or tasting it.**



What is lead poisoning and how does it hurt children?

Lead is a dangerous metal found in nature. It can be found in paint, dirt, and dust. It can also get into some things we eat. Even very small amounts of lead are not safe for children. **A child can have lead poisoning and not look or act sick.** Lead hurts a child's brain and causes problems that can't be reversed.

Samples of candy in California have only been regularly tested for lead in the last 15 years.

No one is sure if lead in candy from foreign countries is a new problem or an old problem. What we are sure of is that lead is dangerous for children.



What is being done about lead in candy?

Some candies have been banned and can't be sold in the United States. Candies from different countries are being tested for lead. Mexican and American companies in Mexico and are being visited to make sure their candy is safe.

What should I do for my children and family?

Ask your health care provider if your child should be tested for lead. Most children are tested when they have their regular check-up at 1 and 2 years old.

How can I get more information about lead?

Ask your child's health care provider and contact your local Childhood Lead Prevention Program at (530) 225-5122. They can give you information about lead and help get your child tested.

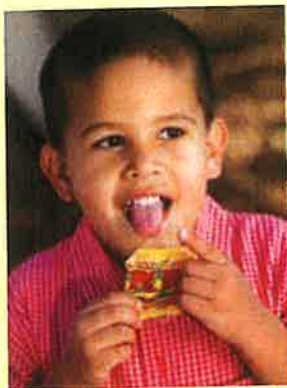
- For more information about lead in candy visit:

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/LeadInCandyFAQs.aspx>



Is your candy safe?

¿Sabía usted que hay plomo en algunos dulces?

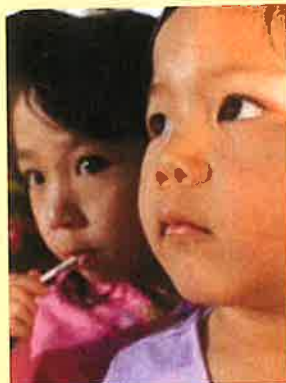


Se ha encontrado plomo en algunos dulces hechos en países extranjeros, incluyendo Chile and tamarindo.

El plomo en los dulces puede provenir de muchas partes. Puede estar en la tierra donde se cultivan ingredientes, en las fábricas donde se hacen los dulces o inclusive en la tinta de las envolturas. Los vendedores de dulces no saben que los dulces contienen plomo. **No se puede saber si un dulce contiene plomo solo con verlo o probarlo.**

¿Qué es la intoxicación por plomo y cómo perjudica a los niños?

El plomo es un metal peligroso que se encuentra en la naturaleza. Puede estar en la tierra y en el polvo. También puede encontrarse en algunos alimentos que comemos. Aún en cantidades muy pequeñas el plomo es un riesgo para los niños. **Un niño puede estar intoxicado por plomo sin parecer ni actuar como si estuviera enfermo.** El plomo es muy dañino para el cerebro de los niños y causa problemas que son irreversibles.



Dulces en California solo se han analizado regularmente por el plomo en los últimos 15 años.

Nadie está seguro si el plomo en los dulces hechos en países extranjeros es un problema nuevo o uno viejo. De lo que sí estamos seguros es que el plomo es peligroso para los niños.

¿Qué se está haciendo acerca del plomo en los dulces?

Se han prohibido algunos dulces y por eso no se pueden vender en los Estados Unidos. Están visitando las compañías mexicanas y norteamericanas en México para estar seguros que los dulces no representen un riesgo. También se están haciendo pruebas para detectar el plomo en los dulces de otros países.

¿Qué debo hacer por mis hijos y mi familia?

Pídale al médico que les haga la prueba del plomo a sus hijos. A los niños se les debe hacer la prueba de plomo cuando tengan sus chequeos regulares a la edad de 1 y 2 años.



¿Cómo puedo obtener más información acerca del plomo? Pregúntele a su médico o busque su Programa local de Prevención del Plomo Infantil (530) 225-5122. Ellos le pueden dar información acerca del plomo y ayudar a que examinen a sus hijos.

Para más información de plomo en los dulces visita:

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/>

[LeadinCandyFAQs.aspx](#)



¿Representan estos dulces un riesgo?