

Ansonia Public Schools Notifications/Forms State
Oral Health Assessment Notification

NOTICE OF FREE ORAL HEALTH ASSESSMENT

The Ansonia Public Schools (the "District") shall hold a free oral health assessment event for students on _____ *[insert date and time of event]* at your student's school. The oral health assessment shall consist of *[insert one of the following options depending on the professional staffing the oral health assessment event: (1) a dental examination by a dentist OR (2) a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse.]* The practitioner conducting the oral health assessment shall indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma. No student shall receive dental treatment of any kind as part of the free oral health assessment event.

This event is free of charge. You may be present during the oral health assessment of your student, if you so wish. When, based on the results of the assessment and in the judgment of school health personnel, your student is in need of further testing or treatment, you will be notified by the District.

You may elect for your student not to participate in the free oral health assessment event. **If you do not want your student to participate, you must sign the form below and return that section of the form to _____ by _____. If you fail to return the form by this date, you have consented to the free oral health assessment and your student will participate.** If your student does not participate in the school's event, you will be asked to provide documentation that your student has received an oral health assessment, in accordance with state law.

If you have questions or concerns regarding the free oral health assessment event, please contact _____.

FREE ORAL HEALTH ASSESSMENT EVENT - _____ *[insert date of event]*

Name of student: _____ Student's Date of Birth: _____

Student's Address: _____

Parent/Guardian Name (print): _____

As the parent/guardian of the above-named student, I elect for my student to not participate in the free oral health assessment. I understand that I will be asked by school officials to provide documentation that my student has received an oral health assessment by a qualified professional. I further understand that this "opt-out" is effective only for the free oral health assessment event being held on the date listed above.

Parent/Guardian Signature

Date