

## **Kindergarten Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

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

	Name:	Last Name:		Middle Initial:	Child's birth	date:
Address:					Apt.:	
City:					ZIP code:	
School Name:		Teacher:		Grade:	Child's Sex:  □ Male	□ Female
Parent/Guardian Name:		□ White □ □ □ Native A□ □ Native Haw	Child's race/ethnicity:			asian
	NOTE: Consider eac	h box separate	•		a dontal pro	
Assessment Caries Experience Date: (Visible decay and/or fillings present)		Visible Decay Present:	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection			
Date.						
Date.		□ Yes □ No	or child would bene Urgent care need			
Licensed De	fillings present)  Pes Do	ture	or child would bene Urgent care need	ed (pain, infection		t tissue lesion
Licensed De Section 3:	fillings present) □ Yes □ No	ture th Assessme	or child would bene Urgent care need  CA License Numb	ed (pain, infection	, swelling or sof	t tissue lesion
Licensed De Section 3: To be filled o	fillings present)  Yes No  Intal Professional Signal  Waiver of Oral Heal	ture th Assessme	or child would bene Urgent care need  CA License Number	ed (pain, infection er quirement	, swelling or sof	t tissue lesion
Licensed De Section 3: To be filled o	fillings present)  Yes No  Intal Professional Signa  Waiver of Oral Heal  ut by parent or guardian	ture th Assessmen asking to be excheck-up becau	or child would bene Urgent care need  CA License Numb  Int Requirement xcused from this re- se: (Check the box th	ed (pain, infection er quirement nat best describes	, swelling or sof	t tissue lesion
Licensed De Section 3: To be filled of Please excused I am	fillings present)  Yes No  Intal Professional Signal Waiver of Oral Heal ut by parent or guardiar e my child from the dental unable to find a dental of	ture  th Assessment asking to be expected to the control of the co	or child would bene Urgent care need  CA License Numb  Int Requirement xcused from this recesse: (Check the box the my child's dental inse	ed (pain, infection er quirement nat best describes surance plan.	Date s the reason)	t tissue lesion
Licensed De Section 3: To be filled of Please excused I am	fillings present)  Yes No  ntal Professional Signate Waiver of Oral Heal ut by parent or guardiar e my child from the dental unable to find a dental or	ture  th Assessment asking to be explained that will take explain is:  dealthy Families	or child would bene Urgent care need  CA License Number  The Requirement excused from this results are considered as a constant of the constan	ed (pain, infection er quirement nat best describes surance plan.	Date s the reason)	t tissue lesion
Licensed De Section 3: To be filled on Please excused I am	fillings present)  Yes No  Maiver of Oral Heal of the dental of the dent	ture  th Assessment asking to be expected that will take explan is:  dealthy Families cup for my child.	or child would bene Urgent care need  CA License Numb  Int Requirement xcused from this re- se: (Check the box the my child's dental insert Healthy Kids	ed (pain, infection  er  quirement  nat best describes surance plan.  Other	Date s the reason)	t tissue lesion

result of this law. This information may only be used for purposes related to your child's health. If you have questions,

**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.

please call your school.