



621 E. Sixth Street, Holtville, CA 92250

www.holtville.k12.ca.us

(760) 356-2974 (760) 356-4936 (fax)

## Consent for Oral Health Assessment

**Kindergarten or 1<sup>st</sup> Grade Parent or Guardian: Please complete this section and sign at the bottom.**

Child's First Name:	Last Name:	Middle Initial:	Child's Birth date:
Address:	Apt. #	City/State:	Zip Code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian/Pacific Islander		

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you do not want your child to have this free assessment, you may be excused from this requirement by filling out the **Waiver: Oral Health Assessment** form.

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

**Signature of Parent or Guardian**

**Date**

Return this form to the school.

**Oral Health Data Collection**

**(Parent/Guardian: Leave this section blank – to be completed by the Dental Professional.)**

Assessment Date:	Visible caries and/or fillings present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible caries present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found. <input type="checkbox"/> Early dental care recommended. <input type="checkbox"/> Urgent care needed.
------------------	--	--	---

**Dentist's Signature**

**Date**

Board of Trustees

Matt Hester   Robin Cartee   Ben Abatti, Jr.   Jared Garewal   Kevin Grizzle

*This institution is an equal opportunity provider and employer*



621 E. Sixth Street, Holtville, CA 92250

www.holtville.k12.ca.us

(760) 356-2974 (760) 356-4936 (fax)

## Waiver for Oral Health Assessment

**Kindergarten or 1<sup>st</sup> Grade Parent/Guardian: Complete this section and sign at the bottom if you want to excuse your child from this requirement.**

Child's First Name:	Last Name:	Middle Initial:	Child's Birth date:
Address:	Apt. #	City/State:	Zip Code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown <input type="checkbox"/> Native Hawaiian/ Pacific Islander		

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you do not want your child to have this free assessment, you may be excused from this requirement by filling out the **Waiver: Oral Health Assessment** form.

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

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

I am unable to find a dental office that will take my child's insurance plan.  
My child is covered by the following insurance plan:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     None  
 Other \_\_\_\_\_

I cannot afford an oral health assessment for my child.  
 I do not wish my child to receive an oral health assessment.

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

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent or Guardian**

**Date**

Board of Trustees

Matt Hester   Robin Cartee   Ben Abatti, Jr.   Jared Garewal   Kevin Grizzle

*This institution is an equal opportunity provider and employer*