

EVERGREEN SCHOOL DISTRICT



Oral Health Assessment

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 California licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot afford the exam, cannot find a dental office that accepts your insurance, or if you do not wish for your child to receive the oral health assessment, you may be excused from this requirement by filling out the waiver form on the back. 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.

Child's First Name:		Middle Initial:	Last Name:	Child's Birth Date:
Address:				Apt.:
City:				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"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown			

Parents:

Please have your dental health professional complete the information below. Forms must be signed or stamped by the dentist or clinic. Completed forms should be returned to your child's school office.

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
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Licensed dental professional's signature or stamp

California License #

Date

If your child has Medi-Cal insurance, call 1-800-322-6384 for the name of a dentist currently accepting Medi-Cal insurance. Additional information is available in your school's office.

If your child does not have health insurance, call The Health Trust at 961-9893 for information about Medi-Cal, Healthy Families and Healthy Kids medical, dental and vision insurance programs.

Return this form to the school no later than May 31 of your child's first school year.