



Dear Parent or Guardian:

The California Education Code Section 49452.8, requires that your child have an oral health assessment (dental check-up) by May 31<sup>st</sup> 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.** More forms are available at the school site and the Newhall School District web site at [www.newhallschooldistrict.net](http://www.newhallschooldistrict.net). 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 do not have a dentist or dental insurance, the following resources may help you complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll free number or Web site can help you find a dentist who takes Denti-Cal: 1-800-322-6384; [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov). For help enrolling in Medi-Cal/Denti-Cal, contact the local social services agency at 661-298-3406.
2. Covered California offers affordable medical and dental insurance for children 18 years and younger. Visit the website at [www.coveredca.com](http://www.coveredca.com) or call Northeast Valley Health Corporation at (661) 287-1551 for more information or enrollment assistance.

Here is some important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy fresh foods for the entire family.
- Brush teeth at least twice a day with a toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda.

Baby teeth are very important. Children need their teeth to eat properly, talk, smile and feel good about themselves. Tooth decay (cavities) is an infection that requires treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

If you have any questions about the new oral health assessment requirement, please contact the District Nurses at 291-4184.

### 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)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <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"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

#### 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:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay 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 (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)
_____		_____	
<i>Licensed Dental Professional Signature</i>		<i>CA License Number</i>	
		_____	
		<i>Date</i>	

#### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
 My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

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.*