



HEMET UNIFIED SCHOOL DISTRICT
 Centralized Student Services
 2085 W Acacia Ave Hemet, CA 92545
 www.hemetusd.k12.ca.us

Oral Health Assessment/Waiver Request Form

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/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 cannot take your child for this assessment, you may be excused from this requirement by filling out the waiver below.

To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			Zip code:
School:	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"/> Amer Indian/Alaska Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian/Pac Islander		

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or 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 <input type="checkbox"/> Urgent care needed
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_____ **Dental Professional's Signature**

_____ **Date**

Waiver of Oral Health Assessment Requirement

To be completed by a parent or guardian requesting to be excused from this requirement

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:
 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: _____

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 health office.



_____ **Signature of Parent/Guardian**

_____ **Date**