



LOS ANGELES UNIFIED SCHOOL DISTRICT
Porter Ranch Community School

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Assistant Principal EIS
Amy Almany
Middle School Counselor

Oral Health Assessment/Waiver Request Form

Dear Parent or Guardian:

A child's oral health is very important to their overall health and ability to learn. Effective January 1, 2007, California law (Education Code Section 49452.8) requires that children in kindergarten or first grade, whichever is their first year in public school, have an oral health assessment (dental check-up) by May 31. Please take the attached Oral Health Assessment form to your child's dental office and have it completed by the dentist or dental health professional. Please return the completed form by May 31, 2017.

Proof of a dental check-up in the last 12 months before your child enters school also meets this requirement.

If you don't have medical or dental insurance for your child and would like assistance getting insurance, call the toll-free Helpline of the LAUSD Children's Health Access and Medi-Cal Program (CHAMP) at **1-866-742-2273**. If you need information on services and referrals, you can also call the county information line at **211**.

For free and low-cost health services, you can call the Los Angeles County Department of Public Health at **1-800-427-8700** or the Los Angeles Dental Society at **213-380-7669**.

If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the form at your child's school. All schools will maintain the privacy of students' health information.

Healthy teeth help children eat properly, talk, smile, and feel good about themselves. Even baby teeth are very important. You can help your child by doing the following:

- Take your child to the dentist twice a year for a check-up.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Limit candy and sweet drinks, such as punch or soda, which cause cavities and can lead to weight problems.

If you have questions about the oral health assessment requirement, please contact main office.

Sincerely,

Mary Melvin

Principal

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 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 cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

SECTION 1: To be completed by the parent or guardian			
Student's Last Name	First Name	Middle Initial	Birth Date (mo/day/year)
Address		City	Zip
			Phone ()
School Name	Teacher	Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name
Child's race/ethnicity: (Optional): <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			

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

SECTION 2: 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

➤ _____
Signature of Dental Professional _____
Date

SECTION 3: 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.)
<input type="checkbox"/> 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: <input type="checkbox"/> Healthy Families <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> None <input type="checkbox"/> Other _____
<input type="checkbox"/> I cannot afford an oral health assessment for my child.
<input type="checkbox"/> I do not wish my child to receive an oral health assessment.
Optional: Other reasons my child could not get an oral health assessment _____

RETURN THIS FORM TO THE SCHOOL BY MAY 31
Original to be retained in student's school record