



Pajaro Valley Unified School District
 294 Green Valley Road, Watsonville, CA 95076
 Telephone: (831) 786-2100

Dental Exam/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an dental exam 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. Dental exams 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

Child's First Name:	Last Name:	Middle Initial:	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"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

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
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Dental professional's signature/ Stamp

Date

Return this form to the school by May 31

Original to be retained in child's school record.



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Section 3
Waiver of Dental Exam 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 dental exam 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 a dental exam for my child.
- I do not wish my child to receive a dental exam.

Optional: other reasons my child could not get a dental exam: _____

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 by May 31, 20_____

Original to be retained in child's school record.