



ST. ALOYSIUS SCHOOL DENTAL HEALTH REQUEST FORM

627 Beatrice Drive, Tulare, CA 93274
 School Office Phone 559.686.6250 Fax 559.686.0479

Oral Health Assessment Request Form.

California law, Education Code Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. The law specifies that a licensed dentist or other licensed or registered dental health professional must do the assessment. 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

Child's First Name	Last Name	Middle Initial	Child's Birth Date
Address			
City			Zip Code
School Name St. Aloysius 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"/> 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

To be completed by the dental professional conducting the assessment

Assessment Date	Visible caries and/or fillings present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible caries 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 <input type="checkbox"/> Urgent care needed
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 Dental professional's signature

 Date