



ST. ALOYSIUS SCHOOL DENTAL HEALTH WAIVER

627 Beatrice Drive, Tulare, CA 93274

School Office Phone 559.686.6250 Fax 559.686.0479

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 best 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 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 office.

Signature of parent or guardian

Date