ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
OFFICE OF DENTAL HEALTH

Waiver of Kindergarten Oral Health Assessment Requirement

Please fill out this form if you need to excuse your child from the kindergarten oral health assessment requirement. Sign and return this form to the school where it will be kept confidential.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM – DD – YYYY
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:		Child's Gender: ◯ Male ◯ Female

Child's Race/Ethnicity:		
	☐ White	☐ Native American
	☐ Black/African American	☐ Multi-racial
	☐ Hispanic/Latino	☐ Native Hawaiian/Pacific Islander
	☐ Asian	☐ Unknown
	☐ Other (please specify)	

Continued on Next Page

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Section 2: To be filled out by parent or guardian ONLY IF asking to be excused from this requirement

Please excuse my child from the assessment because (check the box that best describes the reason):	
☐	I cannot find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: ☐ Medi-Cal ☐ Covered California ☐ None ☐ Other:_____
☐	I cannot afford an assessment for my child.
☐	I cannot find the time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
☐	I cannot get to a dentist easily (e.g., do not have transportation, located too far away).
☐	I do not believe my child would benefit from an assessment.
☐	Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child): _____ _____

If asking to be excused from this requirement:

_____ MM – DD – YYYY

Signature of parent or guardian ***Date***

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31 of your child's first school year.

Original to be kept in child's school record.