

## On-Site Dental Screening Opt Out Letter

Dear Parent/Guardian,

An on-site free dental screening (also called an oral health assessment) may be provided at your child's school by a licensed or registered dental professional. The purpose of this dental screening is to check your child's teeth for tooth decay. **No dental treatments of any kind are given unless you have provided a separate written informed consent for your child to receive dental treatments (ex: sealants, fluoride).**

Cavities (tooth decay) are the most common disease experienced by children. However, tooth decay is preventable. In California, 54% of kindergarteners and 70% of third graders have experienced tooth decay. Tooth decay causes pain and can lead to malnutrition, poor performance in school, childhood speech problems, and serious infections.

**Participating in a school screening has many benefits:**

- **You do not need to take time off from work. No missed school days or workdays.**
- **FREE dental assessment by a licensed dental professional.**
- **Quick look at your child's teeth.**
- **Referral to dental professional, if needed.**
- **Complies with the Kindergarten Oral Health Assessment Requirement law (AB 1433 & SB 379) and supports children's school readiness and success under the Kindergarten Readiness Act (SB 1381).**

If your child is screened and found to have urgent dental problems, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to a dentist or dental provider for an evaluation.

**If you WANT your child to participate in the oral health assessment / dental screening for their grade, no further action is required.**

If you **DO NOT** want your child to participate in the on-site dental screenings, please complete the bottom portion of this letter and return it to your child's school. If you have any questions, please feel free to call your child's school.

**Sign the Form below if you DO NOT want your child to participate in the on-site dental health screenings.**

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### **2024-2025 KOHA (Kindergarten Oral Health assessment)** **Dental Screening Opt Out Form**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

I **DO NOT** wish to have my child participate in the on-site free dental screening / oral health assessment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date