California Department of Public Health
July 2022

On-Site Dental Screening Opt Out Letter

(This letter is only required if on-site dental screenings are being offered at your school.)

Dear Parent/Guardian,

An on-site free dental screening by a licensed dental professional may be provided at your child's school. The purpose of this dental screening is to check your child's teeth for tooth decay.

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, no instruments are used during the screening.
- 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 screenings for his/her 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 **Smile Humboldt 707-476-4949**

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

Student's Name: _____

☐ I **DO NOT** wish to have my child participate in the on-site Free dental screening.

_____ _____

Parent/Guardian Signature Date

TO OPT OUT OF SCREENING, PLEASE RETURN THIS FORM TO YOUR SCHOOL