

Dental Screening Certification Form

State law now requires a child who is **7 years of age or younger** to have a dental screening before entering school for the first time. (HB 2972 (2015))

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

Parent/Guardian:

- If you know your child has already had a dental screening, please check the box below, fill out this section, and sign it.
- If you do not know if your child has had a dental screening, please have a dental provider fill out this section and sign it.
- Please return this form to the school office.

My child _____ **has** received a dental screening.
(First name) (Middle initial) (Last name)

Parent/Guardian or Dental Provider

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

TO OPT-OUT OF THE DENTAL SCREENING REQUIREMENT

Parent/Guardian: You may choose to have your child opt-out of a dental screening due to a reason listed below. Please fill out this section and sign it. Then return this form to the school office.

My child _____ **has not** received a dental screening.
(First name) (Middle initial) (Last name)

My child was not screened due to the following: (please check all that apply):

- We already submitted a certification form at a previous school.
- The dental screening is contrary to student or families religious beliefs.
- The dental screening is a burden.

The dental screening is a burden for the student or the parent or guardian of the student when:

- (A) The cost of obtaining the dental screening is too high;***
- (B) The student does not have access to a screener or;***
- (C) The student was unable to obtain an appointment with an screener***

Parent/Guardian

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____