**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)*

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**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 ✍\_\_\_\_\_\_\_\_\_

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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was not screened due to the following:

*(First name) (Middle initial) (Last name)*

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 a screener***

Parent/Guardian

Print Name ✍: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature ✍ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ✍\_\_\_\_\_\_\_\_\_\_\_\_\_\_