

the



Miller YMCA  
320 Via Las Brisas  
Newbury Park, CA 91320  
(805)480-0309

Preschool Registration

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, CA Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preschool Programs (check program your child will attend):

- Full Day 5 (Mon-Fri) 7am-6pm (\$720)
- Full Day 3 (M/W/F) 7am-6pm (\$550)
- Full Day 2 (T/TH) 7am-6pm (\$480)
- Half Day Lunch Bunch 12pm-1pm (\$50)
- Half Day 5 (Mon-Fri) 7am-12pm (\$500)
- Half Day 3 (M/W/F) 7am-12pm (\$300)
- Half Day 2 (T/Th) 7am-12pm (\$200)

Preferred Start Date: \_\_\_\_\_ Class: \_\_\_\_\_

Actual Start Date (Completed by YMCA staff): \_\_\_\_\_

YMCA Membership: There will be a \$40 individual membership or \$80 Family Program Membership due upon enrollment if not a current YMCA member.

Earthquake Kit: \$10 annual fee for emergency supplies

Tuition payment Method of Choice:  Automatic Credit Card Draft  Automatic Bank Draft

Late Fee Policy: Payments are due on the 1<sup>st</sup> of each month. A \$25.00 late fee will be added to the account if payment is not received by the 5<sup>th</sup> of the month. If payment is not received, the participant will be dropped from the program on the 15<sup>th</sup> of the month.

Changing Enrollment Programs: In the event that you need to change your child's preschool enrollment, we ask that you advise the Preschool Director at least 2 weeks prior to the change you'd like to have take place (or as far in advance as possible). If you are increasing your child's days of attendance, the Preschool Director must confirm that there is available space for your child on those days.

**Parent Handbook:** The Parent Handbook serves as a reference and informational guide to parents and families of children enrolled at the Miller Family YMCA Preschool. The Handbook outlines, and gives further detail and explanations of the policies and procedures.

Please initial that you have received, read and understand the parent handbook. \_\_\_\_\_

**Insurance:** It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and medical insurance coverage while participating in YMCA activities. The YMCA does not provide any accident or health coverage for its participants.

**Medical Treatment:** I hereby give permission of my child to receive emergency medical treatment by a qualified YMCA staff member or medical personnel. I also give my permission for my child to be transported by ambulance, YMCA van or car to an emergency center in the event that I cannot be contacted. I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital selected by the YMCA Director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

(Please check "yes" or "no" and sign with a full and legible signature.)

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**Withdraw from School:** If you wish to withdraw your child from the Miller Family YMCA Preschool, we require a two week notice in writing. If you do not provide the two week notice, you will be charged the last two weeks tuition starting from the day your notice was provided.

**Termination of Services:** A child may be terminated by the Miller Family YMCA Preschool if it is determined that it is in the best interest of the child, other children at the school, or the facility as a whole. A child may be terminated for:

- Non-payment of tuition or fees
- School's inability to meet the child's, parent's or family's needs
- School's inability to keep the child safe or well cared for
- Dangerous, disruptive, or inappropriate behavior by the child, parent or family
- Continued violation of school policies by the child, parent or family
- Inability to effectively manage the school's operations due to the child, parent or family

**Rights of the Licensing Agency:** The Department or Licensing Agency shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The license shall make provisions for private interviews with any child or staff member and for the examination of all records relating to the operation of the child care center. The department has the authority to observe the physical condition of the children including conditions that could indicate abuse, neglect or inappropriate placement.

Day-to-Day Details:

- Parents/Guardians must walk into the building with their child each day and make certain the teacher knows he/she is there.
- Parents/Guardians or a responsible designated adult, will walk into the building to pick up your child and inform a teacher that he/she is leaving.
- It is required that children must be signed in when they arrive, and out when they are picked up using the sign in/out log; it shall include the designated adult's full, signature and the time.
- Children too sick to participate in a full program, including outside play or those with a fever, diarrhea or vomiting in previous 24-hour period need to be kept at home. Also, if medication has been administered before child's arrival to school, please inform teachers so they will be aware and knowledgeable of child's health.
- All children need a complete change of clothing at school at all times, with a child's name on each item.
- Parents need to inform school of changes of address, phone number, email address, employment, emergency information or any changes in family situations.
- Parents will provide a bagged lunch for their child.
- No medicine can be administered to a child without written consent and instructions from the physician and Parent/Guardian.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

PHOTOGRAPH RELEASE

Permission is granted for any photographs of my child that are taken during his/her participation in the Miller Family YMCA preschool program may be used for purposes that include publicity. Further, I give permission for these photographs to be used without compensation.

\_\_\_\_\_  
Signature of Authorized Parent/Guardian: Date: \_\_\_\_\_

\_\_\_\_\_  
Child's Name:

Southeast Ventura County YMCA  
Conejo YMCA – Miller Family YMCA – Simi Valley YMCA – Triunfo YMCA  
Release and Waiver of Liability

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself in any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he and she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts the same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss of damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by a negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT, is intended to be as broad and inclusive as is permitted by the law of the state of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements for inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Signature of Applicant

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Print Name

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Date

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# IDENTIFICATION AND EMERGENCY INFORMATION

## CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

## PERSONAL RIGHTS

### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME \_\_\_\_\_ DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? \_\_\_\_\_

MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME \_\_\_\_\_ DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? \_\_\_\_\_

IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? \_\_\_\_\_ DATE OF LAST PHYSICAL/MEDICAL EXAMINATION \_\_\_\_\_

## DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT\* \_\_\_\_\_ MONTHS      BEGAN TALKING AT\* \_\_\_\_\_ MONTHS      TOILET TRAINING STARTED AT\* \_\_\_\_\_ MONTHS

## PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS \_\_\_\_\_

DOES CHILD HAVE FREQUENT COLDS?  YES  NO      HOW MANY IN LAST YEAR? \_\_\_\_\_      LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF \_\_\_\_\_

## DAILY ROUTINES *(\*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?\* \_\_\_\_\_      WHAT TIME DOES CHILD GO TO BED?\* \_\_\_\_\_      DOES CHILD SLEEP WELL?\* \_\_\_\_\_

DOES CHILD SLEEP DURING THE DAY?\* \_\_\_\_\_      WHEN?\* \_\_\_\_\_      HOW LONG?\* \_\_\_\_\_

DIET PATTERN: (What does child usually eat for these meals?)

BREAKFAST	LUNCH	DINNER	WHAT ARE USUAL EATING HOURS?
_____	_____	_____	BREAKFAST _____
			LUNCH _____
			DINNER _____

ANY FOOD DISLIKES? \_\_\_\_\_      ANY EATING PROBLEMS? \_\_\_\_\_

IS CHILD TOILET TRAINED?\*  YES  NO      IF YES, AT WHAT STAGE?\* \_\_\_\_\_      ARE BOWEL MOVEMENTS REGULAR?\*  YES  NO      WHAT IS USUAL TIME?\* \_\_\_\_\_

WORD USED FOR "BOWEL MOVEMENT"\* \_\_\_\_\_      WORD USED FOR URINATION\* \_\_\_\_\_

PARENT'S EVALUATION OF CHILD'S HEALTH \_\_\_\_\_

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?  YES  NO      IF YES, NAME OF DOCTOR: \_\_\_\_\_      DOES CHILD TAKE PRESCRIBED MEDICATION(S)?  YES  NO      IF YES, WHAT KIND AND ANY SIDE EFFECTS: \_\_\_\_\_

DOES CHILD USE ANY SPECIAL DEVICE(S)?  YES  NO      IF YES, WHAT KIND: \_\_\_\_\_      DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?  YES  NO      IF YES, WHAT KIND: \_\_\_\_\_

PARENT'S EVALUATION OF CHILD'S PERSONALITY \_\_\_\_\_

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN? \_\_\_\_\_

HAS THE CHILD HAD GROUP PLAY EXPERIENCES? \_\_\_\_\_

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.) \_\_\_\_\_

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL? \_\_\_\_\_

REASON FOR REQUESTING DAY CARE PLACEMENT \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )



# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)  
\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m., \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_  
Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_  
Developmental: \_\_\_\_\_ Food: \_\_\_\_\_  
Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Denial: \_\_\_\_\_  
Other (Include behavioral concerns): \_\_\_\_\_  
Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

