

MEDICAL STATEMENT OF CHILD IN CHILDCARE

To Be Completed by Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of child	Date of Birth	Date of Exam
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Immunizations required for entry into day care ___Yes ___No

Medical Exemption: The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s)

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenza type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date if after 15months	
Pneumococcal Conjugate (PCV) or those born on or after 1/1/08	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (Also known as Chicken Pox)	1 st Date	2 nd Date			

OTHER IMMUNIZATIONS MAY INCLUDE THE RECOMMENDED VACCINES OF Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

TESTS

Tuberculin Test Date: ___/___/___ **Mantoux Results:** ___Positive ___Negative

TB Tests are at the physician's discretion.

If positive, or if X-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date ___/___/___

Attach lead level statement

LEAD SCREENING (Include all dates and results)

1 Year ___/___/___ **Result:** _____ mcg/dL ___Venous ___Capillary

1 Year ___/___/___ **Result** _____ mcg/dL ___Venous ___Capillary

Most recent date of lead screening (if different from above):

___/___/___ **Result:** _____ mcg/dL ___Venous ___Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

HEALTH SPECIFICS

COMMENTS

Are there any allergies? Specify ___Yes ___No _____

Is medication taken regularly? Specify Drug and Condition ___Yes ___No _____

Is a special Diet required? Specify Diet and condition ___Yes ___No _____

VISION EXAM ___Yes ___No RESULTS _____

HEARING EXAM ___Yes ___No RESULTS _____

DENTAL EXAM ___Yes ___No Dr. Name _____

SUMMARY OF PHYSICAL EXAM

Include special recommendations to Day Care Providers

Is Child Free of Head Lice _____ Yes _____ No

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care

_____ Yes _____ No

Signature of Examiner

Address

Please print name

City State, Zip

Title

Phone

Date

RELIGIOUS EXEMPTIONS

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object to the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

PERMISSION FOR CAMP AND SCHOOL TRIPS

I hereby give permission for _____ to take school and or camp trips during his/her stay at Big Chief

Signed X _____

EMERGENCY TREATMENT

I, the undersigned parent or guardian of _____ presently attending Big Chief School and Camp, hereby authorize the owners, agents, and/or employees of said school and day camp to secure medical treatment in an emergency for and on behalf of my child. Said medical treatment shall include but not be limited to the securing of an ambulance, admission to the hospital, treatment by a doctor, nurse or other qualified medical person.

The undersigned further agrees to indemnify and hold harmless the said owners, agents and/or employees against any and all claims arising from emergency treatment of said child.

Signed X _____

Parent or Natural Guardian of above child

Home Telephone # _____

Mother's work # _____

Father's Telephone # _____

Emergency Name and # _____

I give Big Chief permission to apply **sunscreen lotion/diaper cream/Vaseline** as necessary to my child.

Parents signature X _____

Do you give permission for your child to have Children's Tylenol or Motrin if deemed necessary?

If yes, Parents signature X _____

NOTE: This form must be signed by you in three places. Your doctor must sign. Be sure includes the date of examination. You must sign driving permission for the class or camp trips and emergency treatments if necessary. **We will not accept any child if we do not have this form on file!!**