

## RELEASE AUTHORIZATIONS

Facility Name/Address \_\_\_\_\_

### TRAVEL RELEASE

I/We do \_\_\_\_\_, do not \_\_\_\_\_, give consent for (name of child) \_\_\_\_\_ to participate in field trips with the above named program. I/We do reserve the right to be notified before each field trip that involves travel out of town. I release the program of any liability unless negligence is proven.

*Restrictions:*

\_\_\_\_\_  
Date Signature of Parent or Legal Guardian

### PHOTOGRAPHY/VIDEOTAPING RELEASE

I/We do \_\_\_\_\_, do not \_\_\_\_\_, give consent that the above named program may take photographs/videotapings of our child (name of child) \_\_\_\_\_ and I/we consent that the program may use the photographs/videotapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

*Restrictions:*

\_\_\_\_\_  
Date Signature of Parent or Legal Guardian

### SCHOOL-AGE TRAVEL TO AND FROM SCHOOL NOTIFICATION

I/We understand that my child will be transported with only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. My child will be transported to and from (name of school) \_\_\_\_\_

This includes days in which there is early release/late starts at the school. I affirm that my child's participation in the transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program in the Center.

\_\_\_\_\_  
Date Signature of Parent or Legal Guardian

**PARENTAL EMERGENCY MEDICAL CONSENT**  
**This form must be presented upon admission for treatment**

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

<b>CHILD'S NAME:</b>		<b>BIRTH DATE:</b>	
<b>PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES</b>			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
<b>EMERGENCY CONTACT PERSON(S)</b>			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
<b>PERSONS AUTHORIZED TO PICK UP CHILD</b>			
	ADDRESS	PHONE NUMBER	
1.			
2.			
3.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
------	------

PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

This consent will be in effect beginning (date) \_\_\_\_\_ and be updated annually by the parent/legal guardian.

SIGNATURE OF PARENT OR GUARDIAN	DATE	SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE	UPDATE	DATE
UPDATE	DATE	UPDATE	DATE

**SCHOOL-AGE ASSESSMENT & HEALTH FORM  
& IMMUNIZATION DECLARATION**

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:  
My signature below certifies that immunization information concerning my child has been provided and is available in the school file.

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

Date \_\_\_\_\_

# IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses; or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age, or 1 dose received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
Varicella		1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
24 months and older	Diphtheria/Tetanus/Pertussis	4 doses	
	Polio	3 doses	
	haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 1 dose received when the applicant is 15 months of age or older. Hib vaccine is not indicated for persons 60 months of age or older.	
	Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 12 months of age; or 2 doses if the applicant received 1 dose before 12 months of age or received 1 dose between 12 and 23 months of age; or 1 dose if no doses had been received prior to 24 months of age. Pneumococcal vaccine is not indicated for persons 60 months of age or older.	
	Measles/Rubella <sup>1</sup>	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/Pertussis <sup>4, 5</sup>	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 <sup>2</sup> ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but before September 15, 2003 <sup>2</sup> ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or after September 15, 2003 <sup>2, 3</sup> ; and 1 time dose of tetanus/ diphtheria/acellular pertussis-containing vaccine (Tdap) for applicants in grades 7 and above, if born on or after September 15, 2000; regardless of the interval since the last tetanus/diphtheria containing vaccine.
		Polio <sup>7</sup>	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. <sup>6</sup>
		Measles/Rubella <sup>1</sup>	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses if the applicant was born on or after July 1, 1994.
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born on or after September 15, 2003, unless the applicant has a reliable history of natural disease. <sup>8</sup>

<sup>1</sup> Mumps vaccine may be included in measles/rubella-containing vaccine.

<sup>2</sup> DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus-and diphtheria-containing vaccine should be used.

<sup>3</sup> The 5<sup>th</sup> dose of DTaP is not necessary if the 4<sup>th</sup> dose was administered on or after 4 years of age.

<sup>4</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

<sup>5</sup> Applicants 7 through 18 years of age who received their 1<sup>st</sup> dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

<sup>6</sup> If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after 4 years of age.

<sup>7</sup> If both OPV and IPV were administered as part of the series, a total of 4 doses are required, regardless of the applicant's current age.

<sup>8</sup> Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2<sup>nd</sup> dose if administered 28 days or greater from the 1<sup>st</sup> dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1<sup>st</sup> and 2<sup>nd</sup> dose of varicella for an applicant 13 years of age or older is 28 days.