

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



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 Examination:
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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 influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for 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 mm

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

2 years / / 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.

ADDITIONAL INFORMATION ON REVERSE SIDE →



Medical Statement of Child in Childcare

(continued)

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

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 of 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.

Child Pick-Up Authorization Sheet

Only an authorized adult will be allowed to pick up your child from the School's Out Program. Please do not send an unauthorized adult or family member to pick up your child (an adult is classified as 18 years or older). No child will be released to anyone under the age of 18 years old.

If anyone other than parents will be picking up the child, prior permission in writing is necessary.

I will only send an authorized person to pick up my child.

Signature: _____ Date: _____

Name(s) of Adult(s) authorized to pick up
child _____

Movie Permission

The School's Out Program may, on special occasion, show a video that is deemed appropriate for elementary school aged children. These will not be any video of a violent or aggressive nature.

I give permission for my child to watch specific educational videos that may be shown in the School's Out Program. Examples of these videos might be Disney classics or any G-rated movie. If you have a specific video you would like to share, please speak to the School's Out Site Supervisor.

Signed (Parent / Guardian): _____

Date: _____

Parental Permission to Apply Over-the-Counter Topical Ointments

I, (parent of participant) _____, give permission for the YMCA of Ithaca & Tompkins County (and any employed there in) to administer over-the-counter topical ointments to my child, _____, on an as needed basis. These topical ointments may include, but are not limited to, sunscreen, diaper cream and insect repellent.

Signed by: _____ Date: _____

CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

Name of Child: _____

In the event the child indicated above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent or legal guardian at the telephone number provided below.

Parent's/Legal Guardian's Name: _____

Telephone Numbers: _____ (Work) _____ (Times)
_____ (Home) _____ (Times)

Parent's/Legal Guardian's Name: _____

_____ (Work) _____ (Times)
_____ (Home) _____ (Times)

In the event that I or the others listed are not available, I give my permission to the caregiver to provide First Aid for the child above and to take the appropriate measures, including contacting the Emergency Medical Services (E.M.S.) system and arranging for transportation to:

_____ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

I also give permission for my child's photo to be used in a YMCA publication or video.

Signature: _____ **Date:** _____