

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

**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).

Yes  No

DPT / DT	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	Booster Date	Booster Date
Polio	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	Booster Date	Booster Date
Hib (conjugate preferred)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
MMR	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella / Chicken Pox	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

## Other Immunizations

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

## 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	

ADDITIONAL INFORMATION ON REVERSE SIDE →



# Medical Statement of Child in Childcare (cont.)

## Summary of Physical Exam

Include special recommendations to Day Care Providers

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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

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Signature of Examiner	Address
<hr/>	
Please Print Name	
City, State, Zip	
<hr/>	
Title	(      )
	Phone
	Date

## Religious Exemptions

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise those rights?  Yes  No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county health department.

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Signature of Parent or Person Legally Responsible	Date



Dear Parent:

The Spotted Zebra Learning Center is certified to dispense medication. You are encouraged, however, to discuss your child's medication schedule with your pediatrician and arrange your child's medication schedule so that medications can be given when he or she is at home.

In order for staff to give medications to your child, you and the child's doctor must complete the "Dispensing Medications Packet" and return it before any medications can be provided to your child. This packet is available at the front desk.

Please note the following information regarding medications and your child:

1. All medications MUST be brought to the center in the original container from the pharmacy and labeled with:
  - a) Name of the child
  - b) Date of the prescription
  - c) Name of the medication
  - d) Dosage
  - e) Times/frequency to be given
  - f) All information on the pharmacy container must agree with the information on the form from the child's doctor

The person who will be giving your child medication is not a trained health care professional. He has, however, been through a Medication Administration Training (MAT), a competency-based course approved by the NYS Office of Children and Family Services to train day care providers to safely administer medication in their programs. In situations where state law requires that an individual be licensed to administer a particular medication or procedure, the Center may not be able to do so. If it so happens that a MAT certified person is not available at the Center, parents will be notified immediately and be responsible for the administration of medication.

2. No more than one week's (4 or 5 days depending on the center's schedule) of medication is to be kept at the Spotted Zebra Learning Center at one time. You are responsible to re-stock the site supply and to instruct staff in the proper method of giving the medication.

Please be advised that the Child Illness Guidelines in the Preschool Handbook remain in effect.

Please feel free to contact us with any questions regarding the Medicine Dispensation Policies.

Sincerely,

Sheri Townsend