



Table of Contents

Medical Page 1 -----	2
Medical Page 2-----	3
Dental-----	4
Emergency Form-----	5
Email Address-----	6
Information Sheet-----	7
Permission and Parental Consent Form-----	8



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: _____

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			

Doctor's Office Stamp Here Please

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.



The Growing Tree Nursery School

OCFS-LDSS-4433 (Rev. 4/2008) BACK PAGE

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	

Vision Exam: Date: _____ Results: _____
Hearing Exam: Date: _____ Results: _____

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

Doctor's Office Stamp Here Please

Please Print Name

Title

Address

City, State, Zip

()

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.



FOR 3 AND 4 Year Olds

Dear Parents,

The New York State Education Department requires that evidence be presented that every child has had at least one dental examination each school year.

Please have your family dentist complete the form below, after examining your child.

Yours truly,

Dawn Friedman
Managing Director

The Growing Tree Nursery School

DENTAL RECORD FORM

Child's Name _____ Date _____

The above named child has received a dental examination in my office.

_____ Examination finds teeth in good condition

_____ Child presently under treatment

Signature of Dentist

Address

Please Print Name

City, State, Zip

(_____)
Phone

Date

Doctor's Office Stamp Here Please



The Growing Tree Nursery School

140 East Broadway, Roslyn, NY 11576
 Tel: (516) 621-9009 ~ Fax: (516) 621-3524
www.growingtreenurseryschool.com

EMERGENCY FORM

Child's Name _____ Date of Birth: _____

Home Phone: _____

Complete Home Address: _____

Mother's Name _____ Fathers Name _____

PEDIATRICIAN INFORMATION

Group Name: _____

Doctors Name: _____

Phone Number _____ Fax Number _____

Complete Address _____

List Emergency Contacts (Including Parents) in the order that you want us to call them. Please circle the type of each phone number (H=Home/ W=Work/ C=Cell)

	<u>Name</u> (check circle if authorized to pick up)	Relationship to Child	1 st phone number	2 nd phone number	3 rd phone number
1 st Contact	<input type="radio"/>		H W C	H W C	H W C
2 nd Contact	<input type="radio"/>		H W C	H W C	H W C
3 rd Contact	<input type="radio"/>		H W C	H W C	H W C
4 th Contact	<input type="radio"/>		H W C	H W C	H W C
5 th Contact	<input type="radio"/>		H W C	H W C	H W C
6 th Contact	<input type="radio"/>		H W C	H W C	H W C

List **allergies** (to food, bee stings, other) _____

List **medications** taken and condition used for _____

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalizations advised by the physicians, surgeon or nearest hospital necessary for the proper health and well-being of my child. Yes () No ()

Parent/ Legal Guardian's Signature _____ Date: _____



The Growing Tree Nursery School

140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 ~ Fax: (516) 621-3524
www.growingtreenurseryschool.com

In an effort to keep our school updated with new technology as well as "green," we would like to ask you to please provide your **Email address**. We will use this Email address to keep you additionally informed on school events.

PLEASE PRINT CLEARLY:

Child's Name

Child's Class

Primary Email address

Secondary Email address





The Growing Tree Nursery School

140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 ~ Fax: (516) 621-3524
www.growingtreenurseryschool.com

INFORMATION SHEET

This sheet is given to head teachers

Child's Name _____ Sex M ___ F ___

Age (Yrs. Mos.) _____ Birthdate _____ Will enter Kindergarten Sept 20 _____

General Information

Fathers Occupation _____ Mothers Occupation _____

Other children in family _____ Names and Ages _____

Parents living together? _____ Primary Language spoken at home _____ Additional Language _____

Social History

How does child act when left by parents? _____

With whom do you leave your child when you go out? _____

Do you anticipate any problem in leaving child at Nursery School? _____

How often do you leave your child? _____

Has your child worked with these materials before? Scissors ___ Glue ___ Paint ___ Crayons ___

Personality Development

Please circle any that pertain to your child: Happy, Moody, Affectionate to Family, Affectionate to others, Jealous, Shy, Outgoing, Calm, Excitable, Hyperactive, Relaxed, Tense, Cries Easily, Mid Mannered, Easily Angered, Self-Confident, Insecure

Experiences affecting behavior: (hospital, recent move, new baby etc.)

Helpful Information Concerning your Child

Does your child receive any individual related services such as speech, occupational therapy, physical therapy or special education? _____

Do you anticipate needing these services during your child's school days? _____

Allergies: Circle any food your child cannot have: Apple Juice, milk, cookies, peanuts, eggs, other : _____

Does your child sleep through the night? _____ Does he/she nap during the day? _____

Term used for urination _____ Bowel movement _____

Is your child toilet trained? _____ when? _____ Does child ever have accidents? _____

Discipline: What methods do you use at home? _____

In what ways would you like the Growing Tree Nursery School to help your child?



The Growing Tree Nursery School

140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 ~ Fax: (516) 621-3524
www.growingtreenurseryschool.com

PERMISSION AND PARENTAL CONSENT FORM

Child's Name _____ **Date:** _____

I here by give my permission for The Growing Tree Nursery School to:

1. Let my child participate in all school activities conducted on school premises.
2. Take my child on walking trips – provided that there are at least two to three adult staff members supervising these walks.
3. Take my child to a doctor and/or give any hospital care if necessary if I cannot be reached, my child's pediatrician cannot be reached, or other authorities I have listed on the school's Emergency Card cannot be reached first.
4. I understand that teachers are not permitted to administer any type of medication to my child without all of the required paperwork.
5. Permit my child to participate in yearly Amblyopia Eye Screening, the L.I. Hearing Council Screening and Language and Speech Screening.
6. Permit pictures to be taken by a school photographer and/or school staff members. These pictures may be used for display, school advertising and website. Parents are not obligated to purchase any pictures. If annual school pictures are not returned or paid for by the due date, I understand that my name and address will be given to photographer for collection.

Parent's Signature: _____

Date: _____



The Growing Tree Nursery School

140 East Broadway, Roslyn, NY 11576
Tel: (516) 621-9009 ~ Fax: (516) 621-3524
www.growingtreenurseryschool.com

SUNSCREEN APPLICATION CONSENT FORM

I hereby give my permission for The Growing Tree Nursery School to apply

_____ to _____
(name of lotion) (your child's name)

Which I will/have supplied in a labeled bottle for my child, before he/she goes outside for recreation (playground).

Parent's Signature: _____ Date _____