

**Marion Forsman-Boushie Early Learning Center
Health Policy**

H-1
6/03

1. I understand that my child must have a physical examination, and a dental examination or documentation of same within 90 days of enrollment. _____ **Initials**
2. I understand that my child must have a height, weight, hearing, vision, lead, and hematocrit screening or documentation of same within 45 days of enrollment. _____ **Initials**
3. I understand I have to complete my child's health history, immunization record and emergency card and schedule any needed medical and dental examination appointments. _____ **Initials**
4. I understand that if my child is due for immunizations they must be completed before he/she can be admitted to class. _____ **Initials**
5. I understand that if, for religious or philosophical reasons, my child does not receive immunizations, I must state so in writing. I understand further that, in the event of an epidemic, the Public Health Department has authority to exempt my child from the classroom until it is deemed safe to return. _____ **Initials**
6. I understand that my child will not require routine TB testing. Only if my child's Health History indicate possible exposure to TB will the child be referred to their health care provider for determination of whether TB testing is warranted. _____ **Initials**
7. I understand that, all health information furnished by me regarding my child is for the sole purpose of detecting existing or potential health problems; further, that this information is regarded as confidential and *will* be shared only with those program personnel and health providers who assist my family in maintaining good health. _____ **Initials**
8. I understand that my child should attend class only when he/she is in good health and that home visits will occur only when parent, child and staff person are in good health. _____ **Initials**
9. I understand that my child may be checked for a communicable condition (scabies, head lice, etc.) when there is sufficient reason (possible exposures, outbreak in community, etc.) and that I *will* be notified of the results. _____ **Initials**
10. I understand that I will be notified of any possible exposure my child has had, through the classroom, to a communicable illness/disease. _____ **Initials**
11. I understand that it is my responsibility to notify the program of any exposure my family has had to a communicable illness/disease. _____ **Initials**
12. I understand that if my child is injured or becomes ill while in-center, I will be called immediately. If I cannot be reached, the person I designated as an emergency contact will be called. _____ **Initials**
13. I understand that my child's health record is available to me for review and that I will receive a summary of it upon leaving the program. _____ **Initials**
14. I understand that other agencies/schools cannot obtain a copy of my child's health record without my signing a release consenting to the transfer. _____ **Initials**

Parent/Guardian Signature

Date