

# CHESAPEAKE CAMPS

## Greenbrier Family YMCA

757 547 9622

	Session 1 June 6–10	Session 2 June 13–17	Session 3 June 20–24	Session 4 June 27–July 1	Session 5 July 5–8	Session 6 July 11–15
<b>Preschool Camp</b> Ages 3–5; 7:30 am–12:30 pm Members: \$100; Prospective Members: \$120	Starter	Starter				
<b>Specialty Camp</b> Ages 6–12; 7:30 am–12 pm Members: \$115; Prospective Members: \$145			Fashion Outdoor Adventure	Hollywood Stunt Man	Sing Out Dino Dig	Awesome Art Engineering
<b>Sports Camp</b> Ages 6–12; 7:30 am–12:30 pm Members: \$115; Prospective Members: \$145			Tennis Baseball	Basketball Lacrosse	Karate Golf	Tennis Soccer
<b>Extended Day</b> 12:30–6 pm Members: \$60; Prospective Members: \$70			Extended Day Option Available	Extended Day Option Available	Extended Day Option Available	Extended Day Option Available
<b>Teen Camp</b> Ages 12–15; 7:30 am–6 pm Members: \$215; Prospective Members: \$235				Adventureland	Teen Nation	Adrenaline Rush
<b>LIT</b> Ages 13–17; 9 am–6 pm Members: \$100; Prospective Members: \$130			Leaders In Training		Leaders In Training	

### Starter Camp

This is perfect adventure for the first time camper! This camp focuses on skill and character development and finishes with a fun family day picnic on Friday.

### Awesome Art

Campers will work with a variety of mixed media such as watercolor, clay, pencil, and collage, all culminating in an art show at the end of the week!

### Commander Camp

Left, left, left, right, left! Campers attend a military style boot camp and become Camp New Horizons recruits, completing exercises and drills sure to bring excitement and fun!

### Cooking Fun

Embrace your inner chef! Campers will learn the basics of cooking, kitchen cleanliness, and kitchen safety. After this camp, you will want your child cooking your next meal!

### Crazy Science

Ooey, gooey, slimy, and sticky! Campers explore the amazing world of science as they learn fun facts and experiment with volcanoes, silly putty, ice cream, oobleck, and more. It has been scientifically proven that this camp is an explosive hit!

### Dance and Cheer

Master the moves and work on your spirit fingers. This camp combines dance moves and cheerleading skills to create amazing dances that can be done on the football field or at your next family party!

### Dino Dig

Grab your field journal and embark on a journey of prehistoric proportion. Spend a week working in our simulated lab, traveling back in time to see the dinosaurs, and unearth dinosaur fossils.

### Engineering

Explore how science and math can be fun! Researching how cars work, bridges are built, rockets are launched and much more.

### Fashion Camp

From fabulous dresses, to jewelry and accessories, experience the life of a fashionista. Become a trendsetter and design your very own clothing lines and modeling it.

### Hollywood

Lights, camera, action! Experience the life of a Hollywood star. You will prepare for your role in a movie by designing sets, writing scripts, all culminating in a walk down the red carpet to receive your Oscar.

### Outdoor Adventure

Campers will explore the outdoors and enjoy fishing, canoeing, tent pitching, outdoor cooking and much more.

### Secret Agent

As a Secret Agent, you will learn teamwork, critical thinking, problem solving skills and discipline. Deploy on a critical mission with your fellow Agents and support one another as you push your limits. Then, test your strength and stamina on a combat field.

### Stunt Man

It's time to jump, tumble, stage-fight, and fall at Stunt Camp. Morph into your favorite action hero and try your hand at major motion picture stunts! Learn safe landing and falling techniques, hand-to-hand combat, swordplay techniques, fight scene choreography and more.

### Summer Highlights

Come relive all the best moments of specialty camp in one week!

### Surf Camp

Catch the wave! Campers will journey to the beach where they will receive surf instruction and plenty of time to practice hanging ten! Don't forget your favorite sand toy.

# CHESAPEAKE CAMPS

## Greenbrier Family YMCA (cont'd)

757 547 9622

	Session 7 July 18–22	Session 8 July 25–29	Session 9 August 1–5	Session 10 August 8–12	Session 11 August 15–19	Session 12 August 22–26
<b>Specialty Camp</b> Ages 6–12; 7:30 am–12 pm Members: \$115; Prospective Members: \$145	Crazy Science Surfin'	Fashion Secret Agent	Dance and Cheer Outdoor Adventure	Awesome Art Cooking Fun	Crazy Science Commander	Summer Highlights Water Nation
<b>Sports Camp</b> Ages 6–12; 7:30 am–12:30 pm Members: \$115; Prospective Members: \$145	Baseball Street Hockey	Soccer Football	Tennis Baseball Camp Finz	Basketball Karate Camp Finz	Street Hockey Wrestling Camp Finz	Multi Sports
<b>Extended Day</b> 12:30–6 pm Members: \$60; Prospective Members: \$70	Extended Day Option Available	Extended Day Option Available	Extended Day Option Available	Extended Day Option Available	Extended Day Option Available	Extended Day Option Available
<b>Teen Camp</b> Ages 12–15; 7:30 am–6 pm Members: \$215; Prospective Members: \$235	Wet & Wild	Extreme Sports	Surfin'	Survival Instincts	Water World	Summer Remix
<b>LIT</b> Ages 13–17; 9 am–6 pm Members: \$100; Prospective Members: \$130	Leaders In Training			Leaders In Training	Leaders In Training	Leaders In Training

### Water Nation

How are you going to beat the heat this summer? By coming to our super soaker week of fun, that's how! We'll enjoy a wet and wild week of water games, tackle the waves at the beach, extreme pool time, and super soaker fun. Bring your swimsuit and towel and prepare to get wet!

### Sing Out

Show off your talents and discover new ones as you become a superstar this week. Campers will sing popular songs, form group vocal harmonies, master choreographed movement, perfect their performance skills, and much more fun!

### Baseball

Going, going, it's gone...homerun! Campers will learn the basic fundamentals of baseball. We will conduct drills on fielding, throwing, hitting, base running and sliding.

### Basketball

They dribble...they shoot...they score! Campers will learn the basics of basketball as well as perform individual and team drills for dribbling, shooting, passing and defense. Campers will have scrimmages to let them practice what they have learned.

### Camp Finz

This is a swim clinic for children to improve their swimming techniques and learn new safety skills while playing games.

### Football

Down...set...hike! Campers will learn the basics of flag football. Passing, catching, route running, and defense will be taught and applied in scrimmage games.

### Golf

Campers will learn the rules and etiquette to golf. Instructors will help campers develop their golf swing and prepare them for the final challenge—using all of their skills on a real golf course.

### Karate

Become a Zen Master! Campers will learn the basic fundamentals of Karate.

### Lacrosse

Campers will leave camp with better individual skills – from making a fast break to field positions. Campers will also develop a greater understanding of team play, learning the concepts to help make their team better.

### Multi-Sport

Throughout the week we will participate in sports that include soccer, baseball, floor hockey, kickball and flag football.

### Soccer

Our soccer program will focus on skill refinement, passing, kicking and playing to develop well-rounded soccer players. Each player is taught through attention and repetitions in an enjoyable, challenging camp atmosphere.

### Street Hockey

Shoot and pass on the pavement! Campers will learn the basics of street hockey such as positioning, shooting and passing—all skills leading to scrimmages and games, so campers can showcase what they have learned.

### Tennis

Our tennis programs focus on skill refinement, practice and match play to develop consistent, well-rounded tennis players. Each player is taught through personal attention and repetition in an enjoyable, challenging tennis camp atmosphere with players at his or her level.

### Wrestling Camp

It's all about the mat! Campers will learn the fundamentals of wrestling such as positioning, pinning, and take downs, all culminating in friendly matches with your peers.

### **Adrenaline Rush**

Are you craving some speed and adrenaline? Feel your heart pound as we race Go Karts, roller blade, ice skate and ride roller coasters at Busch Gardens.

### **Adventureland**

Come explore all that South Hampton Roads has to offer as you set sail on a great adventure. In Adventureland camp you will climb, jump, tag, surf, swim and much more.

### **Extreme Sports**

Join our version of action sports network including rock climbing, laser tag, skate boarding and more.

### **Survival Instincts**

It's a jungle out there. Learn the basics of survival in the great outdoors, right outside your door; ropes course, canoeing, arcade, and movies.

### **Surfin' Chesapeake**

Learn the basic techniques of surfing with hands-on instruction from seasoned professionals.

### **Summer Remix**

Enjoy the last days of summer vacation with highlighted field trips of Teen Adventure Camp.

### **Teen Nation**

Interested in helping the community and still having fun as a teen? Join us for a week of service learning and fun.

### **Water World**

Spend a week kayaking, boating, surfing and dolphin watching as we explore different water venues of South Hampton Roads.

### **Wet and Wild**

Beat the heat during the hottest days of the summer. Cool off with us as we revisit the best spots in Hampton Roads.

### **Extended Day**

Extended day care is an option for campers who need all day care. It is an extension of sports and specialty camp. This is a traditional camp setting with daily swimming and special events that keeps campers active.

### **Leaders In Training (LIT)**

Young adults interested in making a positive impact on children are ideal candidates for our innovative Leaders In Training (LIT) program. LIT explore potential career paths involving children and prepare for possible future work as a camp counselor. The LIT program covers leadership development, behavioral training, motivating campers, portfolio development, job application and interview training. After successfully completing the program participants are given a job interview and future interview preparation tips as well as a letter of recommendation to future employers.





### Written Medication Consent Form

- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.
- Parents MUST complete #1 through #22 (omit #17) for medication to be administered 10 days or less OR for non-prescription topical medication including sunscreen, diaper ointment or insect repellent.
- The child’s health care provider MUST complete #1 through #17 for Long-Term medications or when dosage directions state “consult a physician.” The parent completes #18 through #22.

1. Child’s first and last name:	2. Date of birth:	3. Child’s known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:
7A. Frequency to be administered: _____ <i>OR</i>		
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____		
8A. Possible side effects: <input type="checkbox"/> Parent must supply package insert (or pharmacy printout) for complete list of possible side effects <i>AND/OR</i>		
8B. Additional side effects: _____		
9A. Additional special instructions (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child’s age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____ <i>OR</i>		
9B. <input type="checkbox"/> Not applicable		
10. Reason the child is taking the medication (unless confidential by law):		
11. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and requires health and related services of a type or amount beyond that required by children generally? <input type="checkbox"/> No <input type="checkbox"/> Yes If checked yes, complete #32 - #33 on the back of this form.		
12. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered? <input type="checkbox"/> No <input type="checkbox"/> Yes If checked yes, complete #32 - #33 on the back of this form.		
13. Date consent form completed:	14. Date to be discontinued or length of time in days to be given (this date cannot exceed 6 months from the date authorized or this order will not be valid):	
15. Prescriber’s name (please print):	16. Prescriber’s telephone number:	
17. Licensed authorized prescriber’s signature: Required for Long-Term medication or when dosage directions state “consult a physician.”		



## Written Medication Consent Form

### PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#18 - #22)

18. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No Write the specific time(s) the child day program is to administer the medication (i.e.: 12 pm): _____	
19. I, parent/legal guardian, authorize the child day program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____. (child's name)	
20. Parent or legal guardian's name (please print):	21. Date authorized:
22. Parent or legal guardian's signature:	

### CHILD OR DAY PROGRAM TO COMPLETE THIS SECTION (#23 - #29)

23. Provider/Facility name:	24. Facility telephone number:	25. (leave blank)
26. I have verified that #1 - #23 and if applicable, #33 - #36 are complete. My signature indicates that all information needed to give this medication has been given to the child day program.		
27. Authorized child care provider's name (please print):		28. Date received from parent:
29. Authorized child care provider's signature:		

### ONLY COMPLETE THIS SECTION (#30 - #31) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #14

30. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____. (date) Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.
31. Parent or Legal Guardian's Signature:

### LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#32 - #35)

32. Describe any additional training, procedures or competencies the child day program staff will need to care for this child. _____ _____ _____
33. Licensed Authorized Prescriber's Signature:
34. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order. DATE: _____ By completing this section the child day program will follow the written instruction on this form and <i>not</i> follow the pharmacy label until the new prescription has been filled.
35. Licensed Authorized Prescriber's Signature:

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Last First Middle  
 Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Mother or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Name of Father or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work or Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

\_\_\_\_\_

\_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly:

\_\_\_\_\_

\_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

**I, \_\_\_\_\_ (do \_\_\_) (do not \_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.**

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

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_





**Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided <b>TB Risk Assessment:</b> <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HEENT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Neurological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Skin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Abdomen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Genital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Extremities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Urinary</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____																																																		

<b>Developmental Screen</b>	<b>Assessed for:</b>	<b>Assessment Method:</b>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
Gross Motor Skills					

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">1000</td> <td style="text-align: center;">2000</td> <td style="text-align: center;">4000</td> </tr> <tr> <td style="text-align: center;">R</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">L</td> <td></td> <td></td> <td></td> </tr> </table>		1000	2000	4000	R				L				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> <b>Unable to test – needs rescreen</b> <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000										
	R													
L														
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer														

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)			
	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L
	20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> <b>Unable to test – needs rescreen</b>				

<b>Dental Screen</b>	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings</b> (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____ _____
	___ <b>Allergy</b> <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction    Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____
	___ <b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) ___ <b>Restricted Activity</b> Specify: _____
	___ <b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ <b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	___ <b>Special Diet</b> Specify: _____
	___ <b>Special Needs</b> Specify: _____
	___ <b>Other Comments:</b> _____

<b>Health Care Professional's Certification</b> (Write legibly or stamp):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____	Email: _____	