

# Annual Update

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

## LRSB Parent Release and Insurance

I, \_\_\_\_\_ give my permission to LRSB to call and authorize any certified physician or medical staff to provide medical or surgical care for my child should any emergency arise.

It is understood that a conscious effort will be made to locate us. We will accept all expenses incurred.

**\*\*ALL FIELDS BELOW MUST BE COMPLETED\*\***

Child's Physician (required) \_\_\_\_\_ Family Dentist (required) \_\_\_\_\_  
(use parent's dentist if child doesn't have one yet)

Insurance Company (required) \_\_\_\_\_

Group / Policy Number (required) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Contract

I, \_\_\_\_\_ understand, and agree to comply with the rules and regulations of LRSB, **as specified in the Parent Handbook** (available upon request, or given at enrollment). I am aware of any scheduled holiday or in-service school closures. I understand that I will be required to notify the school two weeks in advance of permanent withdrawal or specific days dropped. Bills for each child will be distributed at the first day of the month. Payments will be made directly to LRSB, Inc. and are due no later than the 5<sup>th</sup> day of each month. Outstanding balances will be subject to an additional \$50 charge on the 15<sup>th</sup> of each month that the balance is unpaid.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Program Consent

I grant my child \_\_\_\_\_ permission to participate in all LRSB activities, including but not limited to, swimming, hiking, walking and other outdoor activities and functions. I grant permission for my child to ride the Breckenridge Free Ride, Summit Stage and Breckenridge gondola, as well as to be transported in a private vehicle with his/her car seat, if needed. I am signing in agreement with the above statements and have knowledge that my child may be subject to potential inherent risks, injury, serious injury or fatal injury and I expressly agree to assume such risks on behalf of the child and myself.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



### Health Guidelines for Child Care and Schools

Karen Wyatt, M.D., Summit County Public Health Officer  
Summit County Child Care Licensing  
Summit County Public Health Nursing

Our goal is to provide a healthy environment for our children and staff. To achieve this goal, cooperation is needed by parents, child care providers, and schools. The following recommendations are guidelines and individual variations should be considered on a case by case basis.

1. A child with a fever over 100.4 under the arm should not attend school. An infant under 4 months with a fever over 99 under the arm should not attend school. The child may return after he/ she has been **without a fever for 24 hours, without fever-reducing medication.**
2. The attending personnel should evaluate a child with green or yellow nasal discharge. If the child is lethargic, unwilling to play or not taking fluids, the child should not attend school. The parents may need to seek medical advice.
3. A child with a severe or croupy cough should not be in school, seek medical advice.
4. A child with Pink Eye should not return to school until 24 hours after the start of medication.
5. A child with Strep (streptococcal infection) may not return until he/ she has been taking antibiotics for 24 hours.
6. A child should not be allowed in school if he/ she has two or more watery stools in one day. The child may return after he/ she has not had diarrhea for at least 24 hours, and has solid stools. Parents should seek medical advice.
7. A child who is inconsolably fussy should not be in school, we will evaluate on a case by case basis and contact parents. Parents may seek medical advice.
8. A child who is vomiting should not be in school. The child may return after he/ she has not vomited for at least 24 hours, and seems healthy. Parents may seek medical advice.
9. If a child has infected skin with crusts and/ or drainage, a physician must evaluate the condition before returning.
10. Any child with a contagious skin rash may not return until the rash has disappeared.
11. When a child in care has been diagnosed with a communicable illness including hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, and shigella; the caregiver must immediately notify the parents or guardians of all children in care and report to the local public health office or the Colorado Department of Public Health and Environment. A diagnosed child must be excluded from care for the period of time prescribed by the child's physician or by the local public health office. Furthermore, a child that has not been immunized against the illnesses mentioned above, will not be able to attend school for a designated period of time, as recommended by a health care professional, and the local public health office.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# GENERAL HEALTH APPRAISAL FORM

## PARENT

Please complete, date, and SIGN.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_

Diet:  Breastfed  Age appropriate  Special-Describe: \_\_\_\_\_

Skin Care:  Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, \_\_\_\_\_, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: Little Red Schoolhouse Fax: 970-453-6501 Email: trish@littleredbreck.com

\*\*Please include immunization records in email or fax to Little Red\*\*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Physical Exam:  Normal  Abnormal-describe: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Current Medications:  None OR  List: \_\_\_\_\_

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet:  Breastfed  Age appropriate  Special-describe: \_\_\_\_\_

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns:  Severe Allergies  Asthma  Seizures  Diabetes  Hospitalizations  Behavior Concerns

Developmental Delays  Vision  Hearing  Oral Health  Under/Overweight  Other: \_\_\_\_\_

Explain above concerns (if necessary, include instructions to care providers): \_\_\_\_\_

Immunizations:  See attached immunization record or official exemption form  Next vaccine due date: \_\_\_\_\_

## HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: \_\_\_\_\_ B/P: \_\_\_\_\_ Head Circumference (up to 12 months): \_\_\_\_\_ HCT/HGB: \_\_\_\_\_

Lead Level:  Not at risk OR  Lead level: \_\_\_\_\_ TB:  Not at risk OR Test Result:  Normal  Abnormal

Screens Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal

Oral Health:  Normal  Abnormal Developmental Screen:  ASQ  PEDS  Other: \_\_\_\_\_

Developmental Concerns: \_\_\_\_\_ Recommended Follow-up: \_\_\_\_\_

## PROVIDER SIGNATURE

Next Well Visit:  Per AAP Guidelines\* or  Age: \_\_\_\_\_

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
Signature of Healthcare Provider (certifying form reviewed)

\_\_\_\_\_  
Date

\*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

## OFFICE STAMP

Or write Name, Address, Phone Number, Email

# Immunizations and what you need to know...

**Little Red needs an updated record every time your child gets one of the required immunizations.**

Here is a list of the required immunizations for children enrolled in Colorado schools. These immunizations are given in a series, at different times, depending on the child's age:

- Diphtheria, tetanus, pertussis (DTaP)
- Inactivated poliovirus (IPV)
- Tetanus, diphtheria, pertussis (Tdap)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate (PCV)
- Hepatitis B (HepB)
- Varicella (chickenpox)
- Measles, mumps, rubella (MMR)

## Delayed Immunization Schedules

If your child is not up to date with their vaccines, but they will have them- spread out, over time, you will need to fill out an "In Process Plan" form. On this form you will list your planned immunization schedule for your child.

**This form is required by the State of Colorado Child Care Licensing to be in your child's file if they are not up to date on the typical immunization schedule.**

## Nonmedical Immunization Exemptions

If you are planning for your child to not have one or more of the required immunizations, you will need to fill out a "Certificate of Nonmedical Exemption" form. On this form you will choose which vaccines your child will not be getting. You will also be required to watch a short video online before consenting and signing the form.

This form will be due at each age that your child is due for a "Well Child" visit with their doctor, at 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually after 3 years of age.

**This form is required by the State of Colorado Child Care Licensing to be in your child's file if they have any immunization exemptions.**

## An important note about scheduling immunizations....

We kindly suggest that if your child is due for a vaccination, that you schedule those appointments for the end of the week or on an afternoon prior to a day that your child is able to stay home with you. It is quite common that a child may not feel 100% after shots, may develop a fever, may act tired or "off", or even inconsolable (mostly our younger children who cannot verbalize their discomfort). In order to avoid calling you to come and pick up your child we recommend that, WHEN POSSIBLE, these appointments happen when your child would not need to be in group care following the vaccination.

Thanks for your help in keeping everyone healthy and happy!



# Immunization

## Certificate of Nonmedical Exemption

cdphe.colorado.gov/immunization

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health Rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. "Nonmedical exemption" means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Prior to kindergarten, the Certificate of Nonmedical Exemption must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices (ACIP).<sup>1,2</sup> From kindergarten through 12th grade, the Certificate of Nonmedical Exemption must be filed every year during the student's school enrollment/registration process.<sup>1</sup> Students with an immunization exemption on file may be kept out of a child care facility or school during a disease outbreak. The length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Complete all required fields as indicated by an asterisk\* below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows for us to process this exemption in a more expedited manner and to contact you should questions arise.

### Student Information:

*Last Name:	*First Name:	Middle Name:
*Date of Birth:	Email:	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X

Parent/Guardian Completing This Form:  Check if an emancipated student or student over 18 years old

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to [cdphe.ciis@state.co.us](mailto:cdphe.ciis@state.co.us)

*Last Name:	*First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

### School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:	
School District:	<input type="checkbox"/> Check if Not Applicable
*Address:	
*City:	*State:
*Zip Code:	

\*Required Vaccines for School Entry - Place an "X" next to each vaccine for which you are claiming a nonmedical exemption.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV)
<input type="checkbox"/>	Hepatitis B (HepB)	<input type="checkbox"/>	Varicella (chickenpox)

### Statement of Exemption

I am the parent/guardian of the above-named student or am the student myself (emancipated or over 18 years of age) and am claiming a nonmedical exemption from the vaccine(s) indicated above. The information I have provided on this form is complete and accurate. I can review evidence-based vaccine information at [www.colorado.gov/cdphe/immunization-education](http://www.colorado.gov/cdphe/immunization-education), <https://childvaccineco.org/>, and [www.ImmunizeForGood.com/](http://www.ImmunizeForGood.com/) for additional information on the benefits and risks of vaccines and the diseases they prevent. I can contact the Colorado Immunization Information System (CIIS) at [www.covaxrecords.org](http://www.covaxrecords.org) or my health care provider to locate my child's/my immunization record.<sup>3</sup>

\*REQUIRED: Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian/Student (emancipated or over 18 years old)

### REQUIRED Provider Signature Section:

\*REQUIRED: Print Name, Title, and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, Registered Nurse (RN) or Pharmacist (authorized pursuant to section 12-240-107 (6), C.R.S.)

\*REQUIRED: Colorado professional license number: \_\_\_\_\_  
 Check if completed during the school's designated early registration period for the upcoming school year.

DO NOT use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), and rotavirus (RV).

<sup>1</sup> Colorado Board of Health Rule 6 CCR 1009-2: <https://cdphe.colorado.gov/schoolrequiredvaccine>

<sup>2</sup> Recommended Immunizations from Birth through 6 Years Old: [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf). Based on this schedule, a Certificate of Exemption would be submitted at 2 months, 4 months, 6 months, 12 months, and 18 months of age.

<sup>3</sup> Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to [www.colorado.gov/cdphe/ciis-opt-out-procedures](http://www.colorado.gov/cdphe/ciis-opt-out-procedures).

\*Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.