

HISTORY OF IMMUNIZATIONS AND TEST (Indicate month / day / year)

	1	2	3	4	5
I DTaP / DT					

	1	2	3	4
Hfb				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps/ Rube/fa (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2	
Varicella (Varivax)			

or Chicken Pox Disease

Month/ year

	1	2	3	4
Pneumococcal (PCV) (Pevnar)				

	1	2
I HEPA		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician/ nurse practitioner completing form (please print)

Telephone number

()

Signature of physician / nurse practitioner

ADDITIONAL NOTES AND INSTRUCTIONS

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will
provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

{Date}: _____