



Class Day & Time

Parent Last Name

PARENT MEDICAL FORM

The State Health Department requires that every adult attending school with a child must have a negative TB test. Little Hands must have verification of your test prior to your child attending school.

You will not be allowed to participate until your TB test results have been received.

This form is for verification of the Participating Parent TB Test. Your doctor's signature is required at the bottom of this form unless you attach a TB clearance card, which can be approved by your doctor or the Health Department.

If you are pregnant or nursing you may be excused from taking the TB test until you're medically able. Please provide a doctor's note stating your reason for being excused.

Your own physician may give you an intradermal (skin) test or a chest x-ray (if your PPD test is positive). Please complete this form or provide a comparable form. Another option is to go to one of the following drop-in locations. Please call to verify hours and cost.

Heath South
 192 Beacon Street
 South San Francisco
 (650) 589-6500
 M-F: 7am-8pm
 Fee: \$ 36.00

Hillsdale Immediate Care
 60 N. El Camino Real
 San Mateo
 (650) 570-2273
 M-F: 8am-8pm
 S-S: 9am-5pm
 Fee: \$25.00

Marina Medical Center
 1241 E. Hillsdale Blvd.
 2nd Floor
 Foster City
 (650) 570-2299
 M-Sat: 8am-5pm
 Fee: \$35.00

_____ Mother's Full Name	_____ Father's Full Name
_____ Home Address (Street, City, Zip)	
PPD Tuberculin Test Date: _____ Result: <input type="radio"/> Negative <input type="radio"/> Positive	
Chest X-Ray (Required if PPD Test is positive) Date: _____ Result: <input type="radio"/> Negative <input type="radio"/> Positive	

Name of Clinic/Office

Physician's/ Nurse's Signature



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CHILD MEDICAL FORM

The California School Immunization Law requires that children must be up-to-date on their immunizations (shots) to attend school or child care.

Your child will not be able to attend classes unless the immunization record is presented and immunizations are up-to-date*

*If your child is not immunized due to religious, personal, or medical reasons please notify us.

Child's Full Name

Birth date

Home Address (Street, City, Zip)

Immunizations:	Date	Date	Date
Polio			
DPT			
Measles/Mumps/ Rubella			

The above child is/is not physically and emotionally able to participate in a once/ twice per week pre-school program.

Comments: _____

Please discuss any physical conditions requiring special attention.

Medication(s) prescribed or special routines which the school should be aware of:

Name of Clinic/Office

Physician's/ Nurse's Signature



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EMERGENCY MEDICAL AUTHORIZATION

I/we the undersigned parent/parents of _____
do hereby authorize the below named physician to perform or have performed by any physician or surgeon of his/her choice, at any time, any medical, surgical or anaesthetic procedure which said physician may deem necessary for the well-being and reasonable comfort of my said child or children in the event that I/we are not available.

I/we agree to pay any hospital expenses incurred thereby.

I/we are to be notified at the earliest opportunity thereafter of said procedure.

Physician's Name

Phone

Hospital Preference

Insurance Carrier

This medical authorization is being left with the person or persons in charge of my child/children in my absence, who has/have been instructed to contact said physician in the event of illness or injury, and have been further instructed to deliver this medical authorization to him/her. In the event he/she is not available, this medical authorization shall extend to any licensed physician in his/her absence.

Emergency contacts:

Spouse/Partner

Phone

Relative

Phone

Other

Phone

Signed Parents

Date



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PARENT RESPONSIBILITIES

Little Hands is a parent-child co-operative where everyone has an opportunity to learn and grow together. Your active participation ensures the smooth operation of the school, the overall success of the program, and a positive experience for your family. Parents learn first-hand that while being part of a co-op is work, it is also fun AND the rewards are many! Hopefully it is just the beginning of your active participation in your child's education.

Please review the following responsibilities of the Little Hands program:

§ **Parent-Child Class Attendance:**

- Regular attendance at day classes
- Active participation in observation, supervision and discussion;
- After-class clean-ups.

§ **Parent-Only Class Attendance:**

- Orientation Night
- 1 Class Meeting each semester
- 1 All School Meeting each semester
- A class of your choice (choose one from any of the optional classes offered at Little Hands—of course, you're welcome to take advantage of all!)

§ **Job:**

Each family is expected to contribute approximately 20 hours during the year. Sometimes this is fulfilled in one specific task, sometimes several different.

§ **Maintenance:**

Participate in one 3-hour maintenance day; typically done with your class. You may choose to do one of the three volunteer days if your class' assigned day doesn't fit with your schedule.

§ **Fundraising:**

Participate actively in the fundraisers. Your participation helps keep tuition reasonable, purchases new equipment, make site improvements and support a high-quality staff.

§ **Health forms:**

Each parent attending must have a current TB Clearance on file. Additionally, an Emergency Medical Authorization form and pre-admission Health Evaluation Physician's Report, including an up-to-date immunization record for the child is required.

All MUST be turned in PRIOR to attending class.

I have read the above parent responsibilities involved in the Little Hands program, and understand that as a co-op parent I will play an active part in the school.

Signed Parent

Date



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Little Hands Photo Release Opt-Out Form

From time to time, we photograph the children and parents during classes and special activities at Little Hands. These pictures are occasionally used in Little Hands brochures, newsletters, posters and on our web site. Although we never list the names of the children or parents, we want to be sure that you are willing to have your child's (or your) picture included in Little Hands publications.

If you do not want your pictures used, please check below; then sign and date.
Thank You.

_____ I do not want our pictures used in Little Hands publications.

Parent Signature

Date



Welcome New and Returning Little Hands Parents,

Please return the forms at Orientation Night which will be held in the week of September 7th, 2010.

Form Checklist:

- .. Parent Medical Form (TB Test)
- .. Child Medical Form
- .. Emergency Medical Authorization
- .. Parent Responsibilities
- .. Photo Release Opt-Out Form
- .. Sequoia Adult School Registration

Please keep a copy of your forms for your records.

We look forward to meeting you and/or your spouse at Little Hands mandatory Orientation Night in the week of September 7th. This is a great opportunity for you to tour the school, learn about the workstation, meet other parents, and hopefully have any of your questions answered.

If you have any questions at all, please contact us.

Your Registration Team