

**The Lucky Stars
(5 & 6 Year Olds)**



Summer Camp 2021
at

Educational Playcare

Educational Playcare



Contact Numbers

Educational Playcare ~ Avon -(860) 409-7051

Al Coxon (al@educationalplaycare.com) – Center Director

Kaley Dehm (kaley@educationalplaycare.com)– Assistant Director

Dan Shopey (dshopey@educationalplaycare.com)– Assistant Director and Camp Director

Educational Playcare ~ Farmington-(860) 678-8659

Alicia Flynn (aflynn@educationalplaycare.com)– Center Director

Elissha Park (epark@educationalplaycare.com)– Assistant Director

Educational Playcare ~ Simsbury-(860) 651-9339

Libby Marek(libby@educationalplaycare.com)– Center Director

Ada Shetler(ashetler@educationalplaycare.com)– Assistant Director

Educational Playcare ~ Windsor West -(860)-359-3735

Ashley Walsh (awalsh@educationalplaycare.com)– Center Director

Kristie Nichols(knichols@educationalplaycare.com)- Assistant Director

Regional Director-Summer Camp (860)-678-8659: Erin Kubrin
(ekubran@educationalplaycare.com)



2021 Educational Playcare Summer Camp Staff



Al Coxon— EPC since 2001
Center Director
First Aid and CPR certified
Medication and
EPI-Pen Administration



Kaley Dehm— EPC since 2010
Center Assistant Director
First Aid and CPR certified
Medication and
EPI-Pen Administration



Dan Shopey— EPC since 2019
Center Assistant Director & Camp
Director
First Aid and CPR certified
Medication and
EPI-Pen Administration



Jeff St. Gelais EPC since 2012
Camp Lead Counselor & Bus Driver
First Aid and CPR certified
Medication and
EPI-Pen Administration



Tania Toledo — EPC since 2013
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Tom Donohue— EPC since 2015
Camp Counselor & Bus Driver
First Aid and CPR certified
Medication and EPI-PEN
administration



Brian — EPC since 2017
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Gabriel Velazquez— EPC since 2021
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Sylvia — EPC since 2020
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Erin — EPC since 2021
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Kalen— EPC since 2018
Camp Counselor / cook
First Aid and CPR certified
Medication and EPI-Pen
Administration



Alanis — EPC since 2018
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration



Sarah Hamilton— EPC since 2021
Camp Counselor
First Aid and CPR certified
Medication and EPI-Pen
Administration

Summer Camp 2021

Sample week with some of the projects we have planned.

LS'S	W1, W2 Epic Enginers. W3, W4 Treasure Trackers. W5, W6 Off to the Races. W7, W8 Full S.T.E.A. M Ahead. W9, W10 Island Hopping				
5-6 yr olds	Mon.	Tues.	Wed.	Thurs.	Fri.
7-8:45	Drop Off	Drop Off	Drop Off	Drop Off	Drop Off
8:45-9:15	Snack	Snack	Snack	Snack	Snack
9:15-11:30 A.M. activities	Tower Building Fruit Carving Race around the room	Treasure Hats Map Making Gold Hunting	FIELD TRIP	3D creations Planks Ball bounce	Hydraulic Machines Mini Golf Ball run
11:30-12	Lunch	Lunch	Lunch	BBQ	Lunch
12-12:30	Book Club	Book Club	Book Club	Book Club	Book Club
12:30-3:00 P.M. activities	Free Swim	Base tracks hurdles island adventures	Book Club	Free Swim	Base tracks Bridges Cars
3:00-3:30	Snack	Snack	Snack	Snack	Snack
3:30-4:30	Buses Depart	Buses Depart	Buses Depart	Buses Depart	Buses Depart
4:30-5:30	centers	Centers	Centers	Centers	Centers
5:30-6	Playground	Playground	Playground	Playground	Playground
This week's Need to Knows	Free Swim Bathing Suit Towel	Activities Sneakers	Field Trip Water bottle		
Lunch Menu: Milk or water served with each meal					
Monday	Veggie Nuggets Broccoli fresh fruit			Tuesday:	Soft Tacos with Chicken Lettuce, Tomato, Cheese and Salsa, Fresh Fruit
Wednesday:	Pita Pocket Wedges Hummus or Soy Nut Butter Fresh Fruit, cucumbers			Thursday:	Cheese Pizza Salad with Dressing Fresh fruit
Friday:	Hotdogs & Hamburgers Fresh Fruit, chips, salad				

Free Swim Registration

at Healthtrax Fitness & Wellness



Educational Playcare is happy to provide free swim at **Healthtrax Fitness & Wellness**.

When: Monday's and Thursdays from June 14th to August 19th

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: _____ **Phone:** _____

Waiver of Liability and Assumption of Risk Agreement

By signing this waiver of liability and assumption of risk, participant, parent/legal guardian authorizes the above mentioned participant to use Healthtrax Fitness & Wellness at The Avon Wellness Center and acknowledges and accepts the risk inherent in the use of center services apparatus, appliances, facilities activities and voluntary and expressly assumes the risk of injury, accident, death, loss cost or damage to the participant to their property which might arise from use of the center its directors, officers, shareholders, representatives, agents and employees from all claims, liabilities, loss, damage, costs and or causes of action including but not limited to all bodily injuries, property damage weather or not it is contended the center, its agents, representatives or employees or their negligence contributed thereto on whole or in part, or was responsible therefore.

Signature further certifies that the participant is in good health and is able to undertake and engage in physical exercise/sports activities in which he/she chooses to participate. Signature assumes all responsibility for updating the Center of changes in physical condition and from reporting all injuries sustained at the club to the manager or safety director, and releases the Center, its directors, officers, shareholders, representatives, agents and employees from any liability arising out of said information.

Parent/Guardian Signature: _____

Swimming Lessons

at Healthtrax Fitness & Wellness



Educational Playcare is happy to provide swimming lessons at **Healthtrax Fitness & Wellness**.

When: Lessons take place every Tuesday. Each session is 4 weeks.

Session 1 - June 22nd to July 13th (Camp weeks 2-5)

Session 2 - July 20th to August 9th (Camp weeks 6-9)

Cost: \$52 for each 4 week session

To register, log into your DayCare Works Parent Portal and follow these steps:

- Go to the '**Registration**' tab
- Scroll down to find the **Swim Lessons** section and choose '**Click to View Offerings**'
- Select one or both sessions and follow the instructions that follow to check out and complete registration.

Field Trip Specifics

Date: Wednesday, June 16th

Age Group: All

Destination: EPC and Stratton Brook Park, Simsbury

Time: 9:30 am—3:00 pm

Building model rockets and launching them in the park.

What to bring:

water bottle, sunscreen.

No flip flops.



Field Trip Specifics

Date: Wednesday, June 23th

Age Group: All

Destination: State Fish Hatchery- Burlington

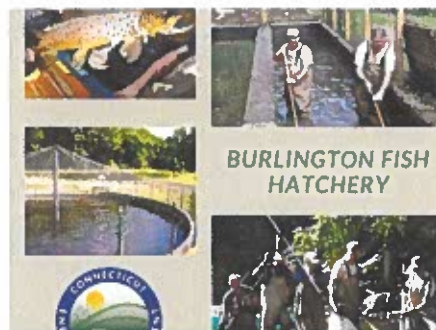
Time: 9:30 am—3:00 pm

Visit a fish hatchery and get a tour from an environmental engineer

What to bring:

water bottle, sunscreen

No flip flops.



Field Trip Specifics

Date: Wednesday, June 30th

Age Group: All

Destination: Riverdale Farms Plaza, Avon

Time: 9:30 am—3:00 pm

Embark on a journey around Riverdale Farms to locate clues and find the buried treasure

What to bring: water bottle, sunscreen

No flip flops.



Field Trip Specifics

Date: Wednesday, July 7th

Age Group: All

Destination: In House Field Trip

Time: 9:30 am—3:00 pm

Escape the room challenge with puzzles to solve, locks to unlock, and riddles to unriddle

What to bring: Imagination

No flip flops.



Field Trip Specifics

Date: Wednesday, July 14th

Age Group: All

Destination: R&B's Sports World, Winsted

Time: 9:30 am—3:00 pm

Race around on go-carts or bump around on Bumper cars. Trip will end with Ice-cream or Slushies.

What to bring: Sunscreen

No flip flops.



Field Trip Specifics

Date: Wednesday, July 21

Age Group: All

Destination: Farmington River at Nod Brook

Time: 9:30 am—3:00 pm

After naming the ducks, they will be released into the Farmington river. A short bus ride down stream will lead to the finish line as our ducks finish their race.

What to bring: Sunscreen and water shoes

No flip flops.



Field Trip Specifics

Date: Wednesday, July 28th

Age Group: All

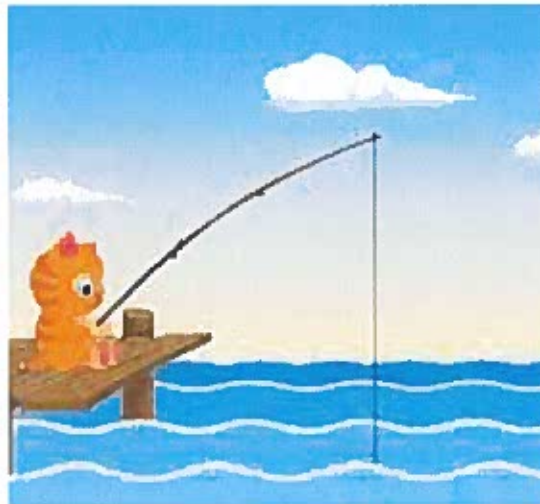
Destination: Peoples Forest, Barkhamsted

Time: 9:30 am—3:00 pm

After building fishing poles they will be used to fish a small river in Pleasant Valley.

What to bring: Sunscreen and a net if you have one

No flip flops.



Field Trip Specifics

Date: Wednesday, August 4th

Age Group: All

Destination: In House

Time: 9:00am, 10:00am, 1:00pm

Decorating and firing clay pots with experts in pottery making

What to bring: creativity

No flip flops.



Field Trip Specifics

Date: Wednesday, August 11th

Age Group: All

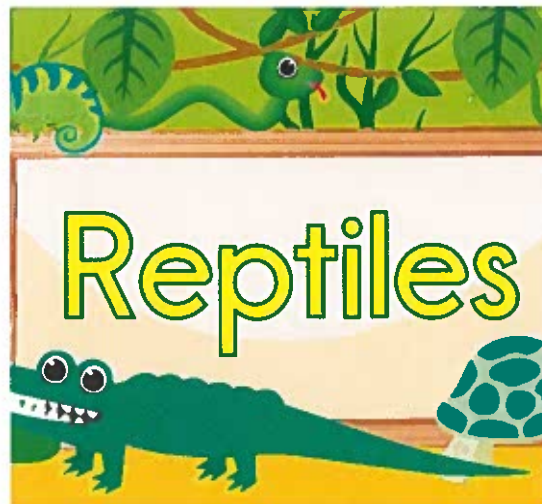
Destination: Harris in Wonderland, Canton

Time: 10:00am, 11:00am, 1:00pm

Learn about different reptiles and how they help our environment.

What to bring: Water bottles

No flip flops.



Field Trip Specifics

Date: Wednesday, August 18th

Age Group: All

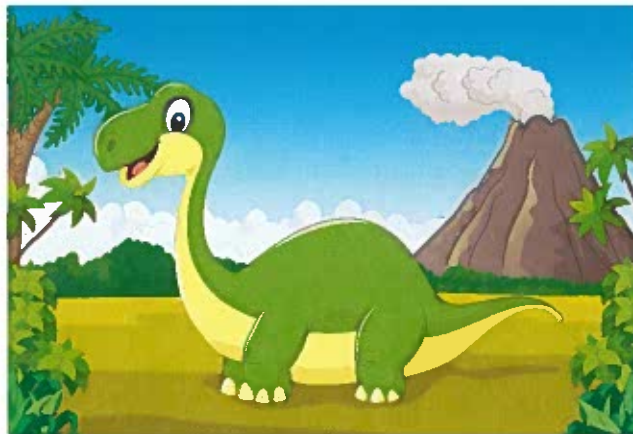
Destination: Dinosaur State Park, Rocky Hill

Time: 9:30 am—3:00 pm

Walk trails and look for fossil prints

What to bring: Sunscreen, Water, and comfortable shoes

No flip flops.



Student Code of Conduct



Parents: Please take a few minutes to review this with your child and help them to understand the significance of signing their name to it. Thank you.

Our Mission is to provide the children in our care with the highest quality developmental and educational programs in a nurturing, safe and supportive environment while facilitating and enriching the childcare experience of our families.

All students enrolled at Educational Playcare are expected to conduct themselves appropriately, including during field trips and while being transported by EPC.

By signing this contract I agree that:

- I will not attempt to leave the supervision of EPC staff members.
- I will treat all school and personal property with respect.
- I will treat my peers with respect through my words and actions.
- I will not physically hurt other children.
- I will follow all classroom rules and teacher instructions.



Students name

Date

Parent name and Signature

Date



Connect (Parent Engagement Program)

I, _____ (Parent/Guardian Name) am the parent or guardian of _____ (Child's Name) (the "**child**") and have voluntarily chosen to participate in Educational Playcare **Connect** (the "**Engagement Program**").

Participation Agreement

In consideration for Educational Playcare, its subsidiaries and affiliates providing Connect (Engagement Program), accepting my application to participate in Connect (Engagement Program), and providing me access to Connect (Engagement Program), I hereby understand, acknowledge, and agree that:

- (a) Our participation in Connect (Engagement Program) is entirely voluntary and undertaken at my own and my child's risk.
- (b) I have read the Connect Parent Engagement Information Letter attached hereto and I have had all my questions in relation to the Connect Engagement Program answered to my satisfaction prior to deciding to sign this Participation Agreement.
- (d) I understand that I am prohibited from sharing photos and/or video of any children (other than my child), including any group photos/video, that I may have access to through my participation in the Connect Engagement Program. Should any photos and/or videos of children other than my child be distributed in violation of this covenant, I agree to indemnify and hold harmless Educational Playcare and its agents, employees, affiliates, and/or assigns for all claims, liabilities, damages, losses, and expenses (including legal fees on a solicitor and own client full indemnity basis) arising by reason of my unauthorized distribution in breach of this covenant.
- (e) I understand and acknowledge that the Connect Engagement Program relies on the use of a third-party provider (the "**Developer**") that utilizes the internet and cloud computing technology. Accordingly, I acknowledge that the Developer will have access to information, photos, and videos of and about my child and may create and hold electronic copies of this information for the purposes of back-up. The Developer may also monitor, for its internal use only, my access and use of the Connect Engagement Program. I understand and acknowledge that there are inherent privacy and confidentiality risks when using an internet-based service and cloud computing technology upon which the Connect Engagement Program relies. I understand and accept that Educational Playcare will have no liability in the event of any breach of confidentiality of any information collected and copied from the Connect Engagement Program, whether or not such breach resulted from

the actions of the Developer of Educational Playcare, its agents, employees, or assigns, or of any other parents who also participate in the Engagement Program. My participation in and use of the Connect Engagement Program is an acceptance of this limitation of liability.

- (f) For greater certainty, I hereby release and forever discharge and agree not to make any claim against Educational Playcare, its board of directors, officers, agents, employees, affiliates and/or or assigns, for any and all claims, resulting from my participation and my child's participation in the Connect Engagement Program; and
- (g) I understand and acknowledge that the terms of this waiver shall apply equally to me, and to my child.

Approval for Photos/Videos

I hereby grant permission to Educational Playcare and its representatives to photograph and video my child, and otherwise capture my child's image and to make recordings of my child's voice for the purposes of sharing information about my child with me under the Connect Parent Engagement Program.

I further grant permission to Educational Playcare and its representatives to reproduce, use, exhibit, display, post or distribute any images and recordings of my child when such images or recordings are taken in a group, or in a multiple child setting, to other parents who are also participating in the Connect Parent Engagement Program.

I hereby confirm and covenant that I will not share photos of any child (including group photos), other than my own, that I receive through the Connect Parent Engagement Program with anyone other than Educational Playcare and its employees.

I hereby release, defend, indemnify and hold harmless Educational Playcare, its board of directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of images, recording or materials of my child, whether individually or in a group setting.

(Name of Child)

(Parent/Guardian Approval*)

*By entering your name into the field above, you agree to the terms of the waiver.

(Date)

(Witness)

(Date)

Primary email: _____



Sunscreen / Insect Repellent Permission Form

I give permission to Educational Playcare staff to apply the provided non-aerosol sunscreen (spf 15 or higher) and insect repellent (optional) to my child, according to the directions for use on the container. I understand that I am required to apply the sunscreen/insect repellent in the morning before I bring my child to the center and EPC staff will reapply it before going outside. Furthermore, I understand that insect repellent (if provided) will be applied no more than once per day.

Note: Each sunscreen/insect repellent container must be labeled with your child's first and last name.

Child's First and Last Name: _____

Parent/Guardian Signature: _____ Date: _____



State of Connecticut Department of Education

Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, a physi-

cian assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

Please print

Student Name (Last, First, Middle)	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
School/Grade	Race/Ethnicity	<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
Family History						Seizure treatment (past 2 years)		
Any relative ever have a sudden unexplained death (less than 50 years old)			Y N			Diabetes		
Any immediate family members have high cholesterol			Y N			ADHD/ADD		

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.	Signature of Parent/Guardian	Date
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Part II — Medical Evaluation

HAR-3 REV. 4/2012

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____% *Weight _____ lbs. / _____% BMI _____ / _____% Pulse _____ *Blood Pressure _____ / _____

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	History of Lead level ≥ 5µg/dL <input type="checkbox"/> No <input type="checkbox"/> Yes	Date
Type: Right Left	Type: Right Left		
With glasses 20/ 20/	<input type="checkbox"/> Pass <input type="checkbox"/> Pass	*HCT/HGB:	
Without glasses 20/ 20/	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	*Speech (school entry only)	
<input type="checkbox"/> Referral made	<input type="checkbox"/> Referral made	Other:	

TB: High-risk group? No Yes PPD date read: _____ Results: _____ Treatment: _____

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
 If yes, please provide a copy of the **Asthma Action Plan** to School

Anaphylaxis No Yes: Food Insects Latex Unknown source
Allergies If yes, please provide a copy of the **Emergency Allergy Plan** to School

History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:** _____

Seizures No Yes, type: _____

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.
 Explain: _____

Daily Medications (specify): _____

This student may: participate fully in the school program
 participate in the school program with the following restriction/adaptation: _____

This student may: participate fully in athletic activities and competitive sports
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.
 Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) (Date) (Confirmed by)

Exemption

Religious _____ Medical: Permanent _____ Temporary _____ Date _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children 5 years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart-1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nation-wide shortage of supply for such vaccine.

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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