



SAFETY TOWN DEPUTIES CAMP

A play-based introduction to safety-awareness designed specifically for pre-school children. This camp is a fun and enriching learning experience that uses age-appropriate programming to introduce young children to pet safety, fire safety and the role of the police in our community. Three fun-filled mornings are jam-packed with safety-themed arts and crafts, songs, stories and visits from the Lake Forest Police Department, Lake Forest Fire Department and K-9 Reading Buddies. Each of the special visitors come with a hands-on activity that will leave a lasting impression on the campers: dogs of all sizes, a police car to explore, and the fire truck with lots of special tools. Taught by Children Learning Center staff. *For ages 2 - 5 years*

Dates & Times: August 12, 13, 14 from 9:00 - 11:30 am

Location: Gorton Children's Learning Center

Cost: \$115

See Page 2 for Safety Town Deputies Hold Harmless and Waiver/Release

Safety Town Deputies Hold Harmless and Waiver/Release

Ages 2-5

Please bring extra set of clothes and pull ups or diapers if applicable in a backpack, toys, food and bottles from home are not permitted. Everything must be labeled with the child's name.

Please document if your child has any allergies.

Name of Parent _____

Phone(s) _____

Address _____

Allergy/Medical Concerns of any kind _____

Child's Name _____

Child's Name _____

Child's Name _____

T-SHIRT SIZES / QUANTITIES: YXS____ YS____ YM____ YL____ YXL____

I, _____ (the Parent) of _____
(child/children - list all children that may attend) am leaving my child with the staff of the The Gorton Children's Learning Center and hereby release and waive against all claim of The Gorton Children's Learning Center, its agents, employees, volunteers, representatives, officers, directors, from injuries, damages arising from injuries relating to my child or children's participation at the Safety Town Deputies program at Gorton Children's Learning Center. I further agree to indemnify, save and hold Indemnities harmless from any loss, liability, attorney fees, damage or cost that they (or any of them) may incur out of or related to the Safety Town Deputies program offered at Gorton Children's Learning Center. Safety Town Deputies is a separate program, not included in the Learning Center regulations, rules, and restrictions.

Parent or Guardian Signature _____ Date _____



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home Work	
Street			City		Zip Code	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date																					Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade																					
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																					
Hearing																					

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night	Yes Yes	No No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes No	
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes No	
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes* No	
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes No	
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes No	
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes No	
Dizziness or chest pain with exercise?	Yes	No				

Eye/Vision problems? _____ Glasses Contacts Last exam by eye doctor _____ Dental Braces

Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)

**Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire**

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
(410 ILCS 45/6.2)**

Name _____ Today's Date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.	R E S P O N S E
---	------------------------

- | | |
|---|-------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes No Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes No Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes No Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes No Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes No Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | Yes No Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes No Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes No Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? | Yes No Don't Know |

A blood lead test should be performed on children:

- with any "Yes" or "Don't Know" response
- living in a high-risk ZIP code area

All Medicaid-eligible children should have a blood lead test at 12 months of age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; **and**

- there has been no change in the child's living conditions; **and**
- the child has proof of two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result _____ mcg/dL Date _____ Test 2: Blood Lead Result _____ mcg/dL Date _____

If responses to all the questions are "NO," re-evaluate at every well child visit or more often if deemed necessary.

Signature of Doctor/Nurse

Date

Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466

**Illinois Department of Public Health
Guidelines for Blood Lead Screening and Lead Risk Assessment**

- **Blood lead screening** is defined as obtaining a blood lead test. **Lead risk assessment** is defined as evaluation of potential for exposures to lead based on questionnaire responses.
- **It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or potential exposure to lead has been identified, regardless of child's age.**
- Illinois has defined ZIP code areas at high risk and low risk for lead exposure based on housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.
- In Illinois, all children from **low-income families** (i.e., Medicaid-eligible children) should receive a blood lead test at ages 12 and 24 months, even if they live in a low-risk ZIP code area. If the child is 3 through 6 years old and has not been tested, a blood lead test is required.

Childhood Lead Risk Assessment Questionnaire

- Complete the Childhood Lead Risk Assessment Questionnaire during a health care visit at ages 12 and 24 months.
 - If responses to all the questions are “NO,” re-evaluate at every well child visit or more often if deemed necessary.
 - If any response is “YES” or “DON'T KNOW,” obtain a blood lead test
- Consider evaluating children before 12 months of age, depending on the area.
- If the child is age 3-6 years **and**
 - 1) there is any “YES” or “DON'T KNOW” **and**
 - 2) has had two successive blood lead test results that were each less than < 10 mcg/dL with one of these tests at age 2 years or older **and**
 - 3) risks of exposure to lead have not changed, **further blood lead tests are not necessary.**
- If the child is 1) 3-6 years, **and** 2) all answers to the Childhood Lead Risk Assessment Questionnaire are “NO,” **and** 3) risks of exposure to lead have not changed, a blood lead test is not necessary.
- If the child is 3-6 years of age and risks of exposures to lead have increased, obtain a blood lead test.
- Continue to use the Childhood Lead Risk Assessment Questionnaire through age 6.

For children living in Chicago:

- A blood lead test for children age 3 and younger should be obtained at 6, 12, 18, 24 and 36 months **OR** at 9, 15, 24 and 36 months.
- Children 4 through 6 years of age with prior blood lead levels <10 mcg/dL should have an annual risk assessment. A blood lead test should be performed if risk increases or if the child exhibits persistent oral behaviors.

**Illinois Lead Program
866-909-3572 or 217-782-3517
TTY (hearing impaired use only) 800-547-0466**

High-Risk ZIP Codes for Pediatric Blood Lead Poisoning

Adams	62567	Effingham	62367	Knox	62526	61466	62976	60942
62301	62570	None	62373	61401	62537	61476	62992	60960
62320	Clark	Fayette	62379	61410	62551	61486	Putnam	60963
62324	62420	62458	62380	61414	Macoupin	Monroe	61336	61810
62339	62442	62880	Hardin	61436	62009	None	61340	61831
62346	62474	62885	62919	61439	62033	Montgomery	61363	61832
62348	62477	Ford	62982	61458	62069	62015	Randolph	61833
62349	62478	60919	Henderson	61467	62085	62019	62217	61844
62365	Clay	60933	61418	61474	62088	62032	62242	61848
Alexander	62824	60936	61425	61485	62093	62049	62272	61857
62914	62879	60946	61454	61489	62626	62051	Richland	61865
62988	Clinton	60952	61460	61572	62630	62056	62419	61870
Bond	62219	60957	61469	Lake	62640	62075	62425	61876
62273	Coles	60959	61471	60040	62649	62077	Rock Island	61883
Boone	61931	60962	61480	LaSalle	62672	62089	61201	Wabash
61038	61938	61773	Henry	60470	62674	62091	61236	62410
Brown	61943	Franklin	61234	60518	62685	62094	61239	62852
62353	62469	62812	61235	60531	62686	62538	61259	62863
62375	Cook	62819	61238	61301	62690	Morgan	61265	Warren
62378	All Chicago	62822	61274	61316	Madison	62601	61279	61412
Bureau	ZIP Codes	62825	61413	61321	62002	62628	St. Clair	61417
61312	60043	62874	61419	61325	62048	62631	62201	61423
61314	60104	62884	61434	61332	62058	62692	62203	61435
61315	60153	62891	61443	61334	62060	62695	62204	61447
61322	60201	62896	61468	61342	62084	Moultrie	62205	61453
61323	60202	62983	61490	61348	62090	61937	62220	61462
61328	60301	62999	Iroquois	61354	62095	Ogle	62289	61473
61329	60302	Fulton	60911	61358	Marion	61007	Saline	61478
61330	60304	61415	60912	61364	None	61030	62930	Washington
61337	60305	61427	60924	61370	Marshall	61047	62946	62214
61338	60402	61431	60926	61372	61369	61049	Sangamon	62803
61344	60406	61432	60930	Lawrence	61377	61054	62625	Wayne
61345	60456	61441	60931	62439	61424	61064	62689	62446
61346	60501	61477	60938	62460	61537	61091	62703	62823
61349	60513	61482	60945	62466	61541	Peoria	Schuyler	62843
61359	60534	61484	60951	Lee	Mason	61451	61452	62886
61361	60546	61501	60953	60553	62617	61529	62319	White
61362	60804	61519	60955	61006	62633	61539	62344	62820
61368	Crawford	61520	60966	61031	62644	61552	62624	62821
61374	62433	61524	60967	61042	62655	61602	62639	62835
61376	62449	61531	60968	61310	62664	61603	Scott	62844
61379	62451	61542	60973	61318	62682	61604	62621	62887
Calhoun	Cumberland	61543	Jackson	61324	Massac	61605	62663	Whiteside
62006	62428	61544	62927	61331	62953	61606	62694	61037
62013	DeWitt	61563	62940	61353	McDonough	Perry	Shelby	61243
62036	61727	Gallatin	62950	61378	61411	62832	62438	61251
62070	61735	62934	Jasper	Livingston	61416	62997	62534	61261
Carroll	61749	Greene	62432	60420	61420	Piatt	62553	61270
61014	61750	62016	62434	60460	61422	61813	Stark	61277
61051	61777	62027	62459	60920	61438	61830	61421	61283
61053	61778	62044	62475	60921	61440	61839	61426	Will
61074	61882	62050	62480	60929	61470	61855	61449	60432
61078	DeKalb	62054	Jefferson	60934	61475	61929	61479	60433
Cass	60111	62078	62883	61311	62374	61936	61483	60436
62611	60129	62081	Jersey	61313	McHenry	Pike	61491	Williamson
62618	60146	62082	62030	61333	60034	62312	Stephenson	62921
62627	60550	62092	62063	61740	McLean	62314	61018	62948
62691	Douglas	Grundy	Jo Daviess	61741	61701	62323	61032	62949
Champaign	61930	60437	61028	61743	61720	62340	61039	62951
61815	61941	60474	61075	61769	61722	62343	61044	Winnebago
61816	61942	Hamilton	61085	61775	61724	62345	61050	61077
61845	DuPage	62817	61087	Logan	61728	62352	61060	61101
61849	60519	62828	Johnson	62512	61730	62355	61062	61102
61851	Edgar	62829	62908	62518	61731	62356	61067	61103
61852	61917	62859	62923	62519	61737	62357	61089	61104
61862	61924	Hancock	Kane	62548	61770	62361	Tazewell	Woodford
61872	61932	61450	60120	62543	Menard	62362	61564	61516
Christian	61933	62311	60505	62635	62642	62363	61721	61545
62083	61940	62313	Kankakee	62643	62673	62366	61734	61570
62510	61944	62316	60901	62666	62688	62370	Union	61760
62517	61949	62318	60910	62671	Mercer	Pope	62905	61771
62540	Edwards	62321	60917	Macon	61231	None	62906	
62546	62476	62330	60954	62514	61260	Pulaski	62920	
62555	62806	62334	60969	62521	61263	62956	62926	
62556	62815	62336	Kendall	62522	61276	62963	Vermilion	
62557	62818	62354	None	62523	61465	62964	60932	