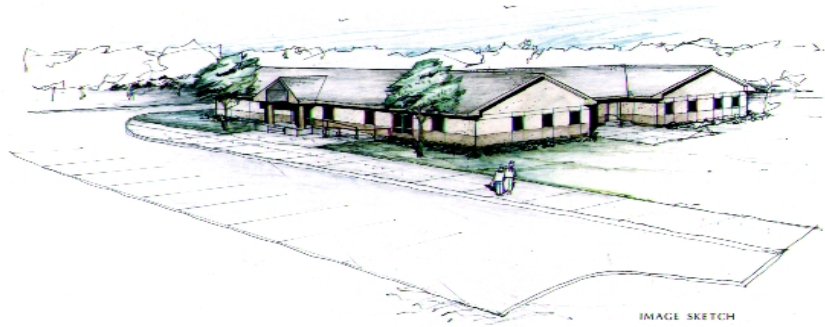


SCOTT COUNTY

JUVENILE ALTERNATIVE FACILITY

17681 VALLEY VIEW DRIVE
JORDAN, MN 55352
(952)496-8950
(952)496-8955 FAX



PARENT/GUARDIAN INFORMATION/RELEASES PACKET

**SCOTT COUNTY COMMUNITY CORRECTIONS
JUVENILE DIVISION**

SANDY SOBOY
FACILITY MANAGER

MOLLY BRUNER
COMMUNITY CORRECTIONS DIRECTOR

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability.

PARENT HANDBOOK

Dear Parent(s) or Guardian(s):

Your son or daughter has been placed at the Juvenile Alternative Facility located at 17681 Valley View Drive Jordan, MN 55352, (952) 496-8950. This is a non-secure residential facility. Programming which is designed to respond to the problem/problems, rather than the process.

The following handbook has been designed to assist you in understanding what your child will be experiencing during their placement at the JAF. Your son/daughter will be involved with other youth that share similar issues and problems. The program maintains a very safe, productive, and positive environment. Youth are supervised on a 24-hour basis.

Regardless of the length of stay, staff is committed to:

1. Providing youth with behavioral skills required for re-establishing themselves without conflict in their own communities.
2. Assisting youth in developing cognitive and behavioral skills, which will enable them to deal effectively with their own problems.
3. Assist youth in completing their Court Ordered obligations: STS, restitution, and community service.

Youth may be placed at the JAF for various reasons. Depending upon the circumstances, they may be subject to stay from one day up to several days. Some youth may be involved in a 30-day Evaluation process or a short-term residential program. Youth are placed at the JAF by court services, court officials or other governing agents.

JAF offers the following services: daily school programming, daily group sessions, counseling services, daily recreation, community projects, cultural activities, behavioral management assignments, cognitive skills, and evaluations.

Your child will be participating in school activities on a daily basis. Services are provided by Carver/Scott Educational Cooperative. Academic credits will be earned and transferred to their home school upon release.

Your child has certain rights and privileges while at the JAF. With these privileges there are certain responsibilities. If your child chooses to ignore the rules of the JAF a consequence will be imposed.

Youth who are placed longer than seven days will receive a health screening. A nurse will be available two days a week to evaluate sick call requests. If deemed necessary, JAF staff or the nurse will set up medical appointments. If your child needs medical attention outside of the facility, he/she will be seen at Park Nicollet Clinic in Shakopee.

Youth are allowed two initial phone calls home upon entry to the facility. There are five additional phone calls per week. These calls will be supervised and dialed by the staff. Phone calls are limited to family members only. Youth are allowed to make contact with their attorney or other professional workers upon request. A list of approved callers will be kept on file. See visitation rules and hours sheet located in parent packet for any visitation questions.

Each youth will be required to complete assigned chores and will receive an allowance of up to \$3.50 per week. Allowance is distributed on a weekly basis and the youth must be here one full week to receive allowance. The ability to spend this money will be based on behavior. Youth may use their allowance to buy personal items like pop and candy.

It is very important that you read all of the paperwork within this packet. Make sure to fill out and sign all forms requiring parental signatures. Please return them as quickly as possible.

Your child will be assigned a caseworker upon intake into the JAF. Should you have any questions or concerns about your child or the program please direct them to the assigned caseworker. This is only a basic list of some of the rules and guidelines at the JAF. If you have any questions or concerns please feel free to call me at 952-496-8950.

Sandra Soboy
Juvenile Facility Manager

Scott County Juvenile Alternative Facility Visitation and Phone Calls

Phone calls: Personal phone calls are limited to four (5) calls per week excluding an initial call and phone calls are 10 minutes in length. All callers must be a legal guardian or on a list approved by the referring agent. Calls may be incoming or outgoing.

Monday – Friday	6:00pm – 9:00pm
Saturday – Sunday	9:00am – 9:00pm

- Your child may call, write, and meet with his/her legal representation or placing agent while at the JAF and not have it count against their 5 calls a week.

VISITATION HOURS and RULES

All visitors must be a legal guardian or on a list approved by the referring agent. Visits may be scheduled at alternative times based on your availability.

TUESDAY	6:00pm – 7:00pm 7:00pm – 8:00pm 8:00pm – 9:00pm	WEDNESDAY	7:00am – 8:00am 8:00am – 9:00am
THURSDAY	6:00pm – 7:00pm 7:00pm – 8:00pm 8:00pm – 9:00pm	SATURDAY	7:00am – 8:00am 8:00am – 9:00am
SUNDAY	1:00pm – 2:00pm 2:00pm – 3:00pm 3:00pm – 4:00pm		

Visiting times are subject to change without notice

- All visits need to be set up with staff prior to arrival.
- NO food or beverages may be brought into the facility.
- Visits are limited to 1 hour in length.
- All visitors will be required to show proper photo identification and all minors must be accompanied by a parent or guardian.
- Any personal property brought in at the time of the visit is subject to a search prior to being given to the youth.
- Residents will be subject to a search after their visit.
- The use of cell phones is prohibited during visits. Residents are not allowed to make ANY phone calls during their visits.
- Visits will be terminated by facility staff due to unruly behaviors, foul language or the inability to follow any of the visitation rules.
- Visits may be monitored by facility staff.

SCOTT COUNTY JUVENILE ALTERNATIVE FACILITY YOUTH RIGHTS

The Scott County Juvenile Alternative Facility will ensure residents have the right to:

- Right to reasonable observance of cultural and ethnic practice and religion.
- Right to a reasonable degree of privacy.
- Right to participate in development of the resident's treatment and case plan.
- Right to positive and proactive adult guidance, support and supervision.
- Right to be free from abuse, neglect, inhumane treatment and sexual exploitation.
- Right to adequate/appropriate medical and dental treatment.
- Right to nutritious and sufficient meals and sufficient clothing and housing.
- Right to live in clean and safe surroundings.
- Right to receive a public education.
- Right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, legal guardian, caseworker, attorney, therapist, physician, religious advisor and a case manager in accordance with the resident's case plan.
- Right to daily bathing or showering and use of materials, including culturally specific appropriate skin and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene.
- Right of access to protection and advocacy services.
- Right to retain and use a reasonable amount of personal property.
- Right to courteous and respectful treatment.
- Right to be treated respectfully, impartially, and fairly and being addressed by their name in a dignified manner.
- Right not to be subjected to corporal punishment, harassment, intimidation, harm, humiliation, or interference by other juveniles or staff.
- If applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03;
- Right to be free from bias and harassment regarding race, gender, age, disability, spirituality and sexual orientation.
- Right to be orientated to the rules, procedures, and schedules concerning the operation of the facility.
- Right to be informed of and use a grievance procedure.
- Right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of non-secure disciplinary room time as it is allowed in the facilities discipline plan.
- ❖ Right to be viewed as a person capable of changing, growing, and becoming positively connected to my community no matter what types of delinquent behavior I have committed.
- ❖ Right to participate in services that build on my strengths.
- ❖ Right to contribute things I am good at including my strengths in all aspects of my programming.
- ❖ Right to have my resistance viewed as a message that the wrong approach may be being used with me.

- ❖ Right to learn from my past mistakes and to have support to learn that mistakes don't mean failure.
- ❖ Right to experience success and to have support connecting previous successes to future goals.
- ❖ Right to have my culture included as strength, and services which honor and respect my cultural beliefs.
- ❖ Right to have my gender issues recognized as a source of strength in my identity.
- ❖ Right to be assured that all written and oral, formal and informal communications about me include my strengths as well as needs.
- ❖ Right to surpass any treatment goals which have been set too low for me or to have treatment goals that are different than those generally applied to all youth at JAF.
- ❖ Right to be served by professionals who view youth positively, and understand that motivating me is related to successfully accessing my strengths.
- ❖ Right to have my family involved in my experience at the JAF in a way which acknowledges and supports our strengths as well as needs. I have a right to stay connected to my family no matter what types of challenges we face.
- ❖ Right to be viewed and treated as more than a statistic, stereotype, risk score, diagnosis, or label.
- ❖ Right to services which most centrally and positively focus on my successful transition from JAF.
- ❖ Right to service providers who coordinate their efforts and who share a united philosophy that the key to my success is through my strengths.
- ❖ Right to try out new identities, to learn to be accountable and say I'm sorry for the harm I've caused others -- all of which is made even more difficult if I'm labeled a "bad kid."
- ❖ Right to be viewed and treated as a valid resource, potential leader and success of the future.

PREA

The Prison Rape Elimination Act (PREA) is a federal law passed in 2003 to guide correctional institutions about detecting, preventing, and reducing sexual abuse/misconduct in confinement settings. While the law specifically pertains to confinement facilities, the Scott County Juvenile Alternative Facility (JAF) is embracing the culture of PREA throughout our department with the goal of keeping our staff and clients safe.

Scott County Juvenile Alternative Facility (JAF) has a zero-tolerance policy for incidents of sexual behavior, sexual harassment, or sexual misconduct of resident-on-resident or staff-on-resident. Staff includes: employee, volunteer, official visitor, or contract staff.

If you suspect or know someone has been victimized, or may be at risk of being a victim, report it immediately.

To make a report:

All reports are taken seriously and will be thoroughly investigated. False reports will be prosecuted to the fullest extent of the law.

A person who becomes aware of, suspects, or otherwise has knowledge of any sexual misconduct, sexual abuse, sexual harassment or retaliation at the JAF or at any other juvenile facility must immediately report the information in any of the following ways:

- Tell a Juvenile Alternative Facility staff member
 - Call PREA Hotline **952-496-8934**
- Email the PREA Hotline at **preajuvenile@co.scott.mn.us**
- Call the Sexual Violence Center at **952-448-5425**

Scott County investigates all reports of sexual harassment and sexual abuse. Where necessary, reports are referred to the Scott County Sheriff's Office for criminal investigation.

All residents are educated on how to report such acts while at the JAF.

Scott County Juvenile Alternative Facility
Wellness Policy

The purpose of this policy is to emphasize the important role nutrition and physical activity play in creating healthy residents who are better able to grow, learn, and thrive.

- A. Physical Activity:** The Scott County Juvenile Alternative Facility along with the CSEC 3 C's school will provide residents with the opportunity, support, and encouragement for physical education and activities.
- a. Active recreation must be offered to resident's on a daily basis, ensuring that resident's, including those on restrictive consequences, are allowed an opportunity for recreation.
 - b. A minimum of two hours of daily preplanned active and leisure time recreation, excluding time spent watching television, will be provided.
 - c. This activity will not take place of the activity that has been implemented during school hours.
 - d. Utilization of Dakotah Sport and Fitness Center in Prior Lake, Minnesota may be used for indoor recreation. On grounds, onsite activities will also be utilized. The outdoor recreation space and equipment located at the facility including the basketball court, volleyball area, and open field. The garage at the facility is also utilized; weather permitting, for active recreation.
 - e. Consideration must be taken in regards to weather so a backup plan should also be in place.
 - f. Space will be provided in the facility common areas and the facility school after school hours for recreational activities.
- B. Nutrition Education:** The Scott County Juvenile Alternative Facility along with the CSEC 3 C's school will provide residents with the opportunity, support, and encouragement for nutrition education.
- a. Health education will incorporate national health standards.
 - b. A weekly health curriculum will be taught by the teaching staff, Gloria Wolf, University of MN Extension Educator.
 - c. A quarterly health curriculum will be taught by a Public Health Nurse.
 - d. There shall be recognition of nutritional diversity needs that ensure residents shall be allowed to have a diet that does not conflict with the resident's religious or cultural dietary regimen.
- C. Nutrition Standards:** The Scott County Juvenile Alternative Facility along with the CSEC 3 C's school will provide residents with access to a variety of nutritious and appealing foods that meet the health and nutritional needs of the residents.
- a. Meeting the USDA nutritional requirements, residents shall receive a balanced diet consisting of foods and beverages that are palatable, of adequate quantity and variety, and prepared and served at appropriate temperatures to protect residents from food borne illness and to conserve nutritional value.
 - b. The Scott County Juvenile Alternative Facility shall participate in available federal and state school meal and milk programs.
 - c. Food service will be provided to the Scott County Juvenile Alternative Facility by the Scott County Sheriff's Office Jail and contracted through Aviainds. This service must

- be continuously licensed by the Department of Health and the menu approved and signed by a licensed dietitian.
- d. Residents shall receive a medically prescribed meal if ordered by the resident's physician or in the case of a pregnant resident, a prenatal care provider.
 - e. Residents shall be allowed to have a diet that does not conflict with the resident's religious or cultural dietary regimen.
 - f. Residents will be provided adequate time to eat meals.
- D. Other Educational Activities:** The Scott County Juvenile Alternative Facility along with the CSEC 3 C's school will model and promote residents health, well-being, and ability to learn by establishing an environment that:
- a. Offers healthy and nutritional choices.
 - b. Limit unhealthy food choices to residents.
 - c. Educate residents and staff on healthy choices.
- E.** The Scott County Juvenile Alternative Facility Manager along with the CSEC 3 C's school Supervisor will review the Wellness Policy on an annual basis to ensure implementation of the policy.



SCHOOL NUTRITION PROGRAM

The Scott County Juvenile Alternative Facility participates in the National School Lunch Program. Meals will be available to all clients without regard to race, age, color, sex, disability or national origin at the following site: 17681 Valley View Drive, Jordan, MN 55352. Meals meet nutritional standards established by the U.S. Department of Agriculture.

The JAF will provide meals seven days per week, three meals per day, with the largest meat at dinner. The JAF will also provide an after school two-component snack, which includes a carton of milk, as required by the MN DOC 2960 Umbrella Rule or other applicable rules to meet subsidized Federal School Lunch Program.

In conjunction with the provisions of the National School Lunch Program, the JAF provides religious and medical diets, which are to be a full meal, conforming to special religious or physician-ordered specifications. Special meals include, but are not limited to, soft diet, diabetic, vegetarian, clear liquid, lactose intolerance, food allergies, and religious meals.

In the operation of this program, no participant will be discriminated against because of race, color, national origin, sex, age or disability.

Scott County Juvenile Alternative Facility
Youth Personal Property
Parental Information

For storage and convenience purposes the amount of clothing and personal property allowed should reflect the length of stay and take into account that the youth are allowed to do their personal laundry twice a week. Take into account the time of year and weather as well.

Example list:

*5-7 pair socks and underwear
5-7 pair pants/jeans/sweatpants/shorts
10 shirts
1 jacket
2 sweatshirts
1 pair athletic shoes
1 pair sandals/slippers*

- Seasonal items like hats, gloves, and boots are allowed depending on the time of the year.
- Only appropriate clothing both in size and subject matter will be allowed
- Any clothing with any type of drawstring will not be allowed in the youths possession while at the facility unless it is removed. No articles clothing will be altered without direct parental permission

Personal Items that are allowed are:

One stuffed animal, pillow, and personal blanket (when level II is earned)
3 personal books
Other items may be allowed with Primary Counselor's permission

Allowed hygiene items allowed are (all must be alcohol free):

Please be aware that all personal health and beauty items are supplied by the facility

Shampoo	Deodorant	Hairbrush
Conditioner	Toothpaste	Comb/Pick
Body Wash	Toothbrush	Lotion

Items that are not allowed are:

- Hair spray, gel (containing alcohol), make-up, after-shave, perfume, or other similar products.
- Food/gum
- Personal Money
- Personal music devices
- Cell phones
- Tablets
- See contraband list that is also located in this parent packet

The facility does not assume responsibility for items which are willfully misplaced, mishandled, and or destroyed by the youth. Each youth will sign a rule responsibility form acknowledging this.

There will be NO borrowing, trading, or selling of personal items.

All property will be searched and inventoried at intake and whenever new property enters the facility. This property will be signed for by the staff completing the inventory and by the youth. The same will be done at the release of the youth to ensure that all property is sent with.

The facility will contact parents/legal guardian in the event property is left behind. Property must be claimed within 90 days of release. Unclaimed property will be donated or destroyed.

All “valuables” should be sent home with parents/legal guardians at earliest convenience

Policy and procedure will govern possession of personal property of each resident

Juvenile Alternative Facility

Waiver of Responsibility and Contraband

Dear Parents:

One of the essentials taught at the JAF is to learn to become responsible for one's self, behavior, and possessions. Any clothing and/or personal property brought into the facility will be the responsibility of your son or daughter. We will assist each youth in facilitating this learning process. Valuables may not be brought to the facility.

Listed below are items that the JAF considers contraband:

1. Weapons – anything that can conceivably be interpreted as a weapon. I.e.) Knives, razor blades, cigarette lighters, heavy hair brushes.
2. Aerosol sprays, paint, lighter fluid, glue, etc.
3. Any item of a possible stolen nature
4. Narcotics, drugs, alcohol, medication, etc.
5. Money – the youth will receive an allowance based on chores and room upkeep. If you feel a need for money for a specific purpose, please contact their primary counselor.
6. Cigarettes are not allowed under any circumstances as it is our policy not to condone smoking or use of tobacco products unless for spiritual purposes.

Specific use of certain necessary items will be granted under staff supervision. Items will be stored in a secure, safe place.

If you have any questions please feel free to contact me at 952-496-8950.

Scott County Juvenile Alternative Facility

Authorization and Consent

I as the parent/guardian of _____ hereby authorize the JAF on behalf of the said child to:

1. Participate, attend, or observe any culturally relevant activity. YES _____ NO _____

2. Attend an optional, weekly, non-denominational Spiritual Group. YES _____ NO _____

3. Participate in active or athletic recreational activities. YES _____ NO _____

4. Watch R-rated or PG-13 rated films. The films will be reviewed by staff and used in conjunction with program groups. YES _____ NO _____

3. Be photographed while at the JAF in regards to facility related activities. YES _____ NO _____

4. Participate in psycho/educational groups while at the JAF facilitated by mental health professionals. YES _____ NO _____

5. Participate in individual counseling sessions facilitated by mental health professional. YES _____ NO _____

Parent/Guardian

Youth

Date

Juvenile Alternative Facility
Medical Authorization/Consent

In conjunction with the placement of:

_____ (Resident's name) _____ (Date of birth)

I, as a parent/guardian of said resident, hereby authorize the Juvenile Alternative Facility, on behalf of the said resident:

1. To obtain medical, dental, or surgical treatment in the event of an emergency.
2. To obtain necessary ongoing medical, dental, and psychological care, including tests, immunizations and vaccinations.

It is understood that I authorize emergency medical treatment in the event that I cannot be reached. I am responsible for payment of treatment as here described through the following means:

Medical Assistance (AFDC) #: _____

Private insurance: _____

Group ID: _____ Policy number: _____

No insurance

_____ (Parent/Guardian signature) _____ (Date)

Mental Health Screening Notice

A mental health screening is available to help identify possible concerns you may have about your child's emotional or developmental behavior. The screening helps to identify potential problems early to improve children's health, happiness and success in school.

What is a mental health screening?

A mental health screening is a brief set of questions for youth. A mental health screening is never used to diagnose a child. It is meant to inform parents, guardians and those working with families about concerns needing further evaluation.

What are the benefits of a mental health screening?

A mental health screening can help you and those working with your family to make the best decisions to help your child.

Is permission required for a mental health screening?

- Parental or legal guardian consent is generally required for health care services for minors. Parental or legal guardian consent is expressly required only for youth after an initial detention hearing in which the Court has ordered the child continued in detention.
- Minors can consent to medical, mental and other health related services to determine presences of or to treat pregnancy and related conditions, or to treat venereal disease, alcohol and other drug abuse.
- In emergency situations, mental and other health care may be provided without parental or legal guardian consent. Emergencies are defined as situations which, in a professional's judgment, the risk to a minors life or health is so great that the treatment should be given without delay.

Can parents or legal guardians prevent a mental health screening?

Parents or legal guardians can prevent a mental health screening through written request to the court or county agency. This can be done by signing the notice below.

I authorize my child's mental health screening by the Scott County Juvenile Alternative Facility

I refuse permission for mental health screening by the Scott County Juvenile Alternative Facility

Signature of Parent/Guardian

Date

Print Parent/Guardian

Child's Name

Relationship to Child: Parent/Guardian

JUVENILE ALTERNATIVE FACILITY
CONSENT FOR RELEASE OF INFORMATION

Resident: _____ *Birthdate:* _____

Address: _____

I, _____, authorize the Juvenile Alternative Facility to give information to the client's placing agency and/or agent regarding:

- | | |
|--|---|
| _____ Program Evaluations | _____ Behavioral Assessments |
| _____ Discharge Summary | _____ Chemical Dependency Evaluation/
Mental Health Professional |
| _____ Academic Testing | _____ Psychological Testing/
Mental Health Professional |
| _____ Consultation | _____ School Records/Testing |
| _____ Treatment Plans | _____ Social History |
| _____ Group/Mental Health Professional | _____ Other _____ |

I am aware that information from my record is confidential and is protected by Federal and State law and cannot be disclosed without my specific consent or otherwise permitted by the regulations. I understand that access to information maintained by the JAF is limited to staff. I further understand that I may revoke this consent upon written notice (not to be retroactive). This release is in effect for one year from the date on which it is signed and witnessed.

Resident

Date

Parent/Guardian

Date

Witness

Date

JUVENILE ALTERNATIVE FACILITY
CONSENT FOR RELEASE OF INFORMATION

Resident: _____ Birthdate: _____

Address: _____

I, _____, authorize the Juvenile Alternative Facility to collect and receive information from the following agencies: schools, court services, community corrections, social services, and/or mental health agencies.

This information is needed for:

_____ 30 day evaluation
_____ Treatment planning
_____ Other:

_____ Individual counseling

_____ Social history

_____ Discharge summary

_____ Chemical dependency evaluation

_____ Academic testing

_____ Psychological testing

_____ Consultation

_____ School records/testing

_____ Diagnostic assessment

_____ Court/probation reports

_____ Other:

I am aware that information from my record is confidential and is protected by Federal and State law and cannot be disclosed without my specific consent or otherwise permitted by the regulations. I understand that access to information maintained by the JAF is limited to staff. I further understand that I may revoke this consent upon written notice (not to be retroactive). This release is in effect for one year from the date on which it is signed and witnessed.

Resident

Date

Parent/Guardian

Date

Witness

Date

Scott County - Juvenile Alternative Facility

Health History

Youths name: _____ DOB: _____

Instructions: Answer every question completely with current, accurate information.

#1 Medical Billing Information:

While your child is a resident of our facility, you are responsible for any medical or dental bills incurred.

A. Name of Family Doctor _____
Address _____
Phone No. _____

B. 16 digit medical number: _____
(check with your county financial worker to make sure this number will be in effect while your child is a resident at JAF.)

C. Other Medical Insurance: (HMO) _____

D. Parent/Guardian: (Name, Address, Phone)

#2 Allergies:

A. Please list all allergies, i.e. food, medication, sulfa drugs, insects - bee, wasp: _____

B. Describe reactions: _____

#3 Dental

A. Date of last check up? _____

B. Was all necessary work completed? Yes___ No___

C. Name and address of family dentist? Name _____
Address _____ Phone _____

#4 Immunizations:

- A. Has your child had the following immunizations (to obtain this information you may need to contact your doctor, clinic, hospital, or school). Please provide accurate dates or your child may be given immunizations.

DPT _____	Tetanus Booster _____
Polio _____	Small Pox _____
Mumps _____	Mantoux _____
Measles _____	Rubella _____
Other _____	

#5 Medication

- A. Is your child taking any prescription medication now: Yes ___ No ___

Medication	Rx Number	Directions/Amount taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pharmacy _____ Phone No. _____

#6 Hospitalization

- A. Has your child ever been hospitalized: Yes ___ No ___

Reason	Year	Hospital	Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. Has your child ever had surgery: Yes ___ No ___

Give details: _____

#7 Vision

- A. Has your child ever:
- | | | | |
|--------------|----------------|--------------|----------------|
| Worn glasses | Yes ___ No ___ | for distance | Yes ___ No ___ |
| for reading | Yes ___ No ___ | Astigmatism | Yes ___ No ___ |

- B. Date of last exam: _____

#8 E.N.T.

- A. Has your child ever:
Difficulty in hearing Yes ___ No ___
Surgery to put tubes in Yes ___ No ___
An ear infection Yes ___ No ___
Frequent upper respiratory infections or colds Yes ___ No ___

#9 Diseases/Illnesses

- A. Has your child ever had any of the following:

Please give dates:

- Chicken pox _____
German Measles _____
Scarlet fever _____
Meningitis/Encephalitis _____
Scoliosis _____
Anemia _____
Bladder or Kidney infection _____
Heart disease _____
Measles _____
Mumps _____
Rheumatic fever _____
Epilepsy _____
Hayfever _____
Diabetes _____
Ulcers _____
Polio _____

#10 Previous Accident/Injuries

- A. Broken bones Location

- B. Lacerations Location

#11 Pregnancy/Venereal Disease

- A. Is your child pregnant Yes ___ No ___ How long _____
- B. Has your child ever contracted or currently have venereal disease Yes ___ No ___
Please describe _____

#12 Body Markings

A. Please list all markings (i.e. tattoos, scars, birthmarks) _____

Parent/Guardian signature

Date