



*Parent Medical Form*

NAME OF STUDENT: \_\_\_\_\_ TEACHER/CLASS: \_\_\_\_\_ AM/PM

Both Parts 1 & 2 of this form MUST be completed in full and signed. A qualified physician must sign Part 2. Any individual volunteering at CPI as a Parent Aide MUST have a Parent Medical Form on file **prior** to working in the classroom. This is required by Section 30-1-16; Health of Children and Staff, "Minimum Private School and Child Care Facility Standards," Fairfax County.

**PART 1 - STATEMENT OF VOLUNTEERING PARENT**

Name of Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I have no physical reason to believe that I should not be permitted to work with small children.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)

**PART 2 - TUBERCULIN TEST (Purified Protein Derivative "PPD" Screening or Verbal Screening Questionnaire performed by a licensed medical professional) OR CHEST X-RAY RESULTS**

TB test (PPD screening or Verbal Screening Questionnaire) or x-ray results may be attached to this form or recorded below. Signature is REQUIRED.

Date of Test/Screening: \_\_\_\_\_ Date Results Read: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Any parent, caregiver, or family member who plans to work in the classroom (even once) MUST have a completed PARENT MEDICAL FORM on file! At least one PARENT MEDICAL FORM must be on file for each child in the Three-Year-Old, Four-Year-Old, and Pre-K Co-oping Classes prior to the beginning of school, or the child will be denied admission. (Not applicable to Beginners or Non-Co-oping Classes.) If we do not have this form on file prior to the first day of school, your child will be turned away until the form has been received and reviewed by the Health and Safety Director.

School Use Only:
Reviewed by: _____
Date: _____