



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 QuantiFERON Blood Test or Verbal Screening Questionnaire performed by a licensed medical professional) OR CHEST X-RAY RESULTS

TB test (PPD screening/blood test 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.

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| School Use Only: |
| Reviewed by: _____ |
| Date: _____ |