

YMCA of Honolulu Early Learning Registration/Photo Waiver/Authorized Pick-Up/Emergency/Medical Form



This form to be updated each program year.

Program Year: _____ / Site: _____

Child Information:

Child's Name: _____ Age: _____ Date of Birth: _____ ☐ Male ☐ Female
(LAST) (FIRST) (MIDDLE)

Address: _____ City: _____ Zip Code: _____

Child resides with: _____

Parents/Guardians Information:

Parent/Legal Guardian's Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____ City: _____ Zip Code: _____

Email Address (REQUIRED): _____

Employer/School: _____ Work/School Phone (REQUIRED): _____

Employer/School Address: _____ City: _____ Zip Code: _____

Authorized to pick-up: Yes ☐ No ☐ Relationship to Child: _____

Parent/Legal Guardian's Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____ City: _____ Zip Code: _____

Email Address (REQUIRED): _____

Employer/School: _____ Work/School Phone (REQUIRED): _____

Employer/School Address: _____ City: _____ Zip Code: _____

Authorized to pick-up: Yes ☐ No ☐ Relationship to Child: _____

Photo/Video Release Waiver (Optional):

I authorize the YMCA of Honolulu to use the name and any photographs/videos taken of my child and/or myself at anytime of in any manner in connection with its advertising, publicity and public relations programs. The YMCA may only use the videos/ photographs.

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date

Authorization List for Pick-Up:

For safety precautions, children must be signed in and out of the program by an authorized person whose name is on the list below. Parents/guardians must make the necessary arrangements in advance if, for any reason, they cannot pick up their child by the end of the program day. On-going late pick-up after the program has ended may result in involuntary withdrawal of the child from the program. **100% I.D check is enforced during pick-up.** Parents, guardians, and other authorized persons should have their I.Ds ready during pick-up. Children can only be released to individuals listed on the child's authorization list below:

I authorize the following person(s) to sign out and pick up my child/children from school at any time:

- Name: _____ Relationship to child: _____ Address: _____ Contact #: _____
- Name: _____ Relationship to child: _____ Address: _____ Contact #: _____
- Name: _____ Relationship to child: _____ Address: _____ Contact #: _____
- Name: _____ Relationship to child: _____ Address: _____ Contact #: _____
- Name: _____ Relationship to child: _____ Address: _____ Contact #: _____

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date

YMCA of Honolulu Early Learning Registration/Photo Waiver/Authorized Pick-Up/Emergency/Medical Form



This form to be updated each program year.

Program Year: _____ / Site: _____

Emergency Contacts:

If in case child listed above becomes ill or is injured at school and I cannot be contacted, the school has my permission to contact one of the following authorized persons listed below who will assume responsibility:

1. Name: _____ Relationship to child: _____ Address: _____ Contact #: _____

2. Name: _____ Relationship to child: _____ Address: _____ Contact #: _____

Medical Information: My child has health insurance: Yes No If YES, (check one & provide plan #):

__ QUEST / Medical Plan #: _____ __ HMSA / Medical Plan #: _____ __ Tri-Care / Medical Plan #: _____

__ Medicaid / Medical Plan #: _____ __ Kaiser / Medical Plan #: _____ __ Other: _____ / Plan #: _____

Child's Doctor: _____ Address: _____ Contact #: _____

Child's Dentist: _____ Address: _____ Contact #: _____

My child receives regular care for the following medical conditions: __ No Medical condition __ Yes, (check all that applies):

__ Asthma __ Behavioral Problems __ Chronic Cough/Wheezing __ Diabetes __ Hearing Problems

__ Hypertension __ Seizures __ Skin Problems __ Vision Problems __ Other: _____

Allergies (check all that applies): __ Bee Sting __ Food __ Medications __ Other: _____

Type and date of last reaction: _____

Other Health Concerns: _____

Takes medications (**LIST**): _____

Emergency Care Release

I hereby agree that, if the YMCA is unable to contact me or one of the persons listed as an emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the YMCA, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to the YMCA. I agree to be responsible for any emergency medical costs.

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date

YMCA OF HONOLULU
WAIVER, RELEASE OF LIABILITY, and INDEMNIFICATION AGREEMENT



In consideration of participating in YMCA Programs, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Honolulu (hereinafter referred to as YMCA) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I understand and acknowledge on behalf of myself and/or any minor children for whom I am responsible that certain risks are typically involved with YMCA programs, including but not limited to Inherent Risks (refer to Attachment I); that I and/or my minor child may suffer accidents, injuries, or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, express or implied, is being made. I also realize that participation in a YMCA Program (collectively, “Programs”) can result in personal injury, accidents, and/or illness, including but not limited to dehydration, disease, cuts, bruises, sprains, fractures, head injuries, paralysis, disability, dismemberment, serious physical or emotional injury and/or death, as well as damage to or loss of personal property. I acknowledge on behalf of myself and/or my minor child that I have been fully advised of the dangers inherent in participating in the above-mentioned Programs.
2. In consideration of being able to participate in the Programs, I, for myself and any minor children for whom I am responsible, confirm that I and/or minor child are physically and mentally capable of participating in full in the Programs. I and/or my minor child participate willingly and voluntarily in the Programs and voluntarily assume all risks and full responsibility for personal injury, accidents, or illness, including death, as well as damage or loss of personal property. I am aware that there is a risk of negligence by the Young Men’s Christian Association of Honolulu and/or its officers, directors, agents, employees, agents, volunteers, or assigns (collectively, the “Released Parties”), including the failure by the Released Parties to safeguard or protect me/us from the risks, dangers, and hazards of the Programs. I, on behalf of myself and/or my minor child, freely accept and fully assume all risks, dangers, and hazards associated with voluntarily participating in the Programs and the possibility of loss, personal injury, or death resulting therefrom.
3. In consideration of participating in the Programs, I, on behalf of myself and/or my minor child, hereby agree as follows:
 - a) To waive any and all claims, liabilities, actions, damages, penalties, suits, costs, or expenses of any nature whatsoever, in law or equity (collectively, “Claims”), that I and/or my minor child have or may in the future have against the Released Parties, and to release and forever discharge the Released Parties from any and all Claims, even those arising out of their omissions or negligence, that I and/or my minor child may suffer or that my next-of-kin may suffer as a result of my participation in any of the Programs, to the extent provided by law.
 - b) To hold harmless and indemnify the Released Parties from any and all Claims relating in any way to the Programs, including any property damage or personal injury to any third party resulting from my participation in the Programs.
 - c) By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
4. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I also agree that this Waiver and Release of Liability Agreement shall be effective and binding upon my heirs, next-of-kin, executors, administrators, assigns, and representatives in the event of my death or incapacity. This Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Hawaii and no other jurisdiction. Any litigation involving the parties to this Agreement shall be brought solely within the State of Hawaii. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION SECTION -TRANSPORTATION/MEDICAL

5. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that I may be asked to quarantine myself or my family and may be asked to leave a program early if I display symptoms of illness such as COVID-19.
6. If applicable, I give permission for myself and/or my child to be transported by the YMCA as needed for field trips, inclement weather, or late pick-up. I also give my permission for myself/my child to participate in all walking Programs and field trips.
7. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

YMCA OF HONOLULU
WAIVER, RELEASE OF LIABILITY, and INDEMNIFICATION AGREEMENT



8. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. The YMCA receives medical information on participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.

9. If my child or I require the use and administration of an epi-pen, prescription, or over-the-counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me or within our personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/ or medication, I agree to forever release and discharge the YMCA and its directors, officers, and employees from all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

10. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, HDH, and CDC, safety and security protocols, and all other protocols as trained or stated during participation.

11. I give my permission for the YMCA to administer sunscreen as needed and to change my child's diaper while my child is in their care if applicable.

12. I represent that I have adequate insurance to cover any injury, illness, or damage I or my child may suffer or cause while participating in any Programs, or else I agree to bear the costs of such injury, illness, or damage myself. I further represent that I/my child have no medical or physical conditions that could interfere with our safety in these Programs, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

INTERNATIONAL TRIPS AND PARTICIPATION

13. If applicable, I give permission for myself or my child to enter International locations as designated by participation in the program. I also understand that I/my child will need to bring our/their passport if the trip involves international travel. Nothing in this Acknowledgement and Assumption of Risks and Release and Indemnity Agreement shall be interpreted as the participant and parent releasing the YMCA and the Releases from liability for injuries, damage, death, or other loss to the participant or others and is caused by YMCA negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to the YMCA judgments and decisions, or YMCA failure to take reasonable precautions to ensure it provides defect-free equipment.

PHOTO / VIDEO / STORY RELEASE

14. I am 18 years of age or older and grant the YMCA, National Council of Young Men's Christian Associations of the United States of America, and its chartered YMCA member associations in the United States and collaborating third parties permission in perpetuity to use my, and those of my minor children and persons listed on this registration form; image, voice, and personal story in photographs, videos, social media, artwork, profiles and all forms of promotional materials and venues without limitation or obligation to provide compensation for the purposes of promotion or interpreting YMCA programs. I release YMCA, National Council of Young Men's Christian Associations of the United States of America, and its chartered YMCA member associations in the United States, and collaborating third parties from any and all claims, causes of action, and liability arising out of any use of my, and those of my minor children and persons listed on this registration form; images or likeness.

ACKNOWLEDGEMENT

I acknowledge and consent to all conditions of the YMCA Code of Conduct that is available on the YMCA of Honolulu website at ymcahonolulu.org. By signing this Agreement, I acknowledge and represent that I have had sufficient opportunity to read and understand this entire document, agree to be bound by its terms, and sign voluntarily. If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this Agreement, its significance, and the assumption of risk has been explained to and understood by the minor child or ward. I hereby declare, under penalty of perjury, that I am the parent or legal guardian of the named participant.

PARTICIPANT LAST NAME		PARTICIPANT FIRST NAME	
EVENT NAME or DATES ATTENDING			
PRINT NAME OF PARENT/GUARDIAN:	SIGNATURE OF PARENT/GUARDIAN:	DATE SIGNED:	



Program Year: _____ / Site: _____

Program Fees:

Program fees are paid monthly on or before the first program day of every month by Credit Card, Check, or cash. All fees are based on enrollment, not attendance. The fees hold the child's place in the program. At the time of registration, payment must be submitted for the child's first month of program. There are No pro-rations for breaks, holidays, and missed days due to voluntary or involuntary withdrawal, illness, vacations, or other reasons for non-attendance.

Enrollment:

Our part-time Early Learning Programs are considered License Exempt (LE). The Hawaii Revised Statutes 346-152 lists situations when a child care provider can be exempt from registration or licensing requirements. The child care law exemption we follow for this particular program is: "A person, group of persons, or facility caring for a child less than six hours a week." This prohibits a child from being enrolled in 2 or more YMCA part-time Early Learning sessions concurrently (e.g. M/W session AND T/TH session).

Trial Period:

The first 3 days of a child's enrollment is a trial period for both the parents and the program. During the trial period, either the parent or program can withdraw from the enrollment agreement without written notice within this trial period, however, a refund will not be given for any services provided within this time period.

Pick-Up:

For safety precautions, children must be signed in and out of the program by an authorized person whose name is on file with the program. Parents/guardians must make the necessary arrangements in advance if, for any reason, they cannot pick up their child by the end of program. All authorized persons should have their I.D.s with them and ready to show the staff.

Late Pick-Up:

Because the part-time Early Learning Program is licensed exempt, it is important that children are picked up on time. Should a parent/guardian run late for program, these are the procedures that will be followed:

- Parent/guardian will be called
- If no answer from a parent/guardian, the emergency contact on the registration form will be called
- If no return call from parent/guardian and no answer or return call from the emergency contact, the police will be called.

In addition:

- Late fees will be assessed: \$5.00 for each 5 minute increment of care
- Repeated tardiness may result in termination from the program
- A child picked up late on the first day of program for the week may be asked to modify drop off/pick-up time for the second day of program for the week

Tuberculosis (TB) Clearance:

A completed TB clearance form is required for children to attend the program and should be submitted to the staff on or before the first day of attendance.

Insufficient Funds Service Fees:



An additional fee of \$25.00 will be assessed for insufficient funds, returned or cancelled checks. In the case of insufficient funds, acceptable methods of payments are money orders, a cashier's check, or cash which is due by the fifth day of the month. A \$5.00 late charge shall be imposed for each program day a payment is overdue. If payment has not been received within the first five (5) program days of the month, the child shall be withdrawn from the program on the sixth (6) program day.

Voluntary Withdrawals:

When it is necessary to withdraw a child from the program, a 30-day written notice is required. 30-day advance written notice will allow staff time to notify the next child on the waitlist and arrange for their enrollment after the child's last day. For parents who participate in the Electronic Draft system, a 30-day written notice will be required by the 1st of the month to STOP the payment for the upcoming month (e.g. Notice on April 1st required for May withdraw).

Involuntary Withdrawals:

Staff will make all reasonable efforts to help each child succeed. However, when it is determined that this is not possible, the YMCA of Honolulu reserves the right to advise the parent/guardian of possible alternative programs for them to consider and to terminate the child from program. In instances where the safety and well-being of the child or others is of concern, immediate termination may be necessary.

Reasons for Involuntary Withdrawals include but are not limited to:

1. Non-payment of monthly tuition and/or fees
2. Behavior that is disruptive to the daily program routine
3. Failed efforts to resolve differences with parents/guardians on program policies and procedures
4. Behaviors by parents/guardians that are deemed inappropriate and/or threatening to other children or staff or to other parents/guardians, or adult participants/members in any program activities/facility
5. Ongoing late pick-up of child after program has ended

Refund Policy:

The YMCA will not issue a refund for any unused days in a month due to voluntary or involuntary withdrawal, illness, vacations, or other reasons for non-attendance.

Re-Enrollment:

For children who have been withdrawn and wish to return, re-enrollment will require the submission of new Registration Forms and all other required documents including TB Clearance Forms. Should all spaces be filled, re-enrolled applicants will be placed on a waitlist. Any outstanding debts/balances must be paid before re-enrollment will be permitted.

Agreement:

In consideration of all The YMCA of Honolulu, I am accepting and enrolling our (my) child:

(FIRST)

(LAST)

I (we) have read, understand and agree to abide by the above Enrollment Agreement.

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date



TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 1/10/2024 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

I. Screening for schools, child care facilities, or food handlers (*TB Document A or E*)

<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read: ; or QFT (date:)
<input type="checkbox"/> Positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)

II. Initial Screening for Health Care Facilities or Residential Care Settings (*TB Document B or C*)

<input type="checkbox"/> Negative Risk Assessment: Children 1-17 yrs old, who are household members in residential care settings
<input type="checkbox"/> Negative test for TB infection (2-step):
<input type="checkbox"/> New positive test for TB infection:
<input type="checkbox"/> Previous positive test for TB infection, negative symptoms screen and negative CXR within previous 12 mos: Date of CXR:
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR: Date of CXR:

III. Annual Screening for Health Care Facilities or Residential Care Settings (*TB Document D*)

<input type="checkbox"/> Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read ; or QFT (date:)
<input type="checkbox"/> New positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)
<input type="checkbox"/> Previous positive test for TB infection and negative symptoms screen

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

Address: _____

Phone Number: _____ Fax: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.



TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health
Tuberculosis Control Program

1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have significant TB symptoms? Significant symptoms include <u>cough for 3 weeks or more</u> , PLUS least one of the following:					
	<table border="0"> <tr> <td><input type="checkbox"/> Coughing up blood</td> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Night sweats</td> </tr> <tr> <td><input type="checkbox"/> Unexplained weight loss</td> <td><input type="checkbox"/> Unusual weakness</td> <td><input type="checkbox"/> Fatigue</td> </tr> </table>	<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness
<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats				
<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness	<input type="checkbox"/> Fatigue				

2. Check for TB Risk Factors

- If any “Yes” box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked “No”, then TB clearance can be issued without testing

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person born in a country with a high TB case rate (refer to TB Document J)? (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this person traveled to (or lived in) a country with a high TB case rate for four weeks or longer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time has this person been in contact with someone with <i>infectious TB disease</i>? (Do not check “Yes” if exposed only to someone with latent TB)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system? <i>Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), or steroid medication for a month or longer.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	For children under age 16: Someone born in a country with a high TB case rate (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan) is living or has lived in the same household.
Provider Name with Licensure/Degree:	
Person's Name and DOB:	
Assessment Date:	Name and Relationship of Person Providing Information (if not the above-named person):

IMPORTANT NOTICE TO PARENTS

State of Hawai'i
Department of Health
Immunization Branch



SCHOOL HEALTH REQUIREMENTS, EFFECTIVE: JULY 1, 2020

What does Hawai'i State Law require for childcare facility and school attendance?

Hawai'i State Law requires all students to meet physical examination, immunization, and tuberculosis clearance requirements before they may attend a childcare facility, preschool, or public/private school in the State.

Are exemptions allowed?


Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend. Medical exemptions must be obtained from your child's healthcare provider. No other exemptions are allowed by the State.


What are the health requirements?

- 1 Physical Examination:**
 - Must be completed within one year before:
 - First date of attendance at a childcare facility, preschool, or school in Hawai'i; and
 - First date of attendance in the seventh grade.
 - Must be performed by a U.S. licensed physician, APRN or PA.
- 2 Immunizations:**

Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

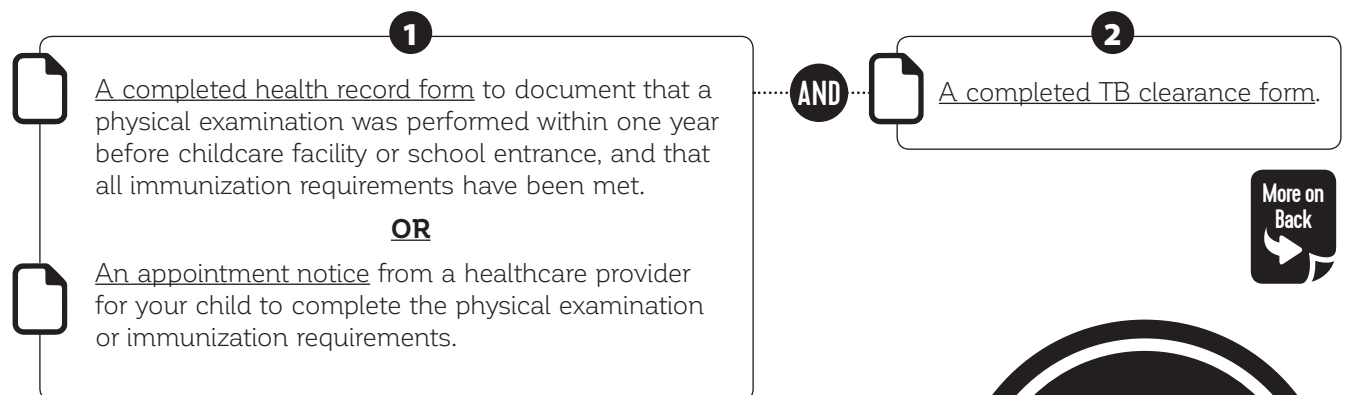
For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

 call: (808) 832-5731

 web: health.hawaii.gov/tb

What is required by the first day of school?

By the first day of school, all students entering childcare, preschool, or school in Hawai'i for the first time must have:



Students who have not completed the above requirements by the first day of school will not be allowed to attend school until these requirements are met.



Where do I get the “Student’s Health Record” form?

You can get a copy of the “Student’s Health Record” (Form 14) from the childcare facility or school where your child will be enrolled or from your child’s healthcare provider.

What if my child is transferring from another state or territory of the U.S.?

You will need to show proof that the health requirements have been met prior to childcare facility or school entry. The childcare facility or school will accept out-of-state records that meet the State of Hawai‘i requirements for physical examination, immunizations, and tuberculosis clearance.

Which immunizations are required?

Immunizations are required for all students entering childcare or preschool, kindergarten, and seventh grade, and for those students entering school in Hawai‘i for the first time, regardless of age.

Childcare or Preschool

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PCV)
- Polio (IPV)
- Varicella (chickenpox)

Kindergarten – 12th Grade

- DTaP
- Hep A
- Hep B
- Human Papillomavirus (HPV)*
- Meningococcal Conjugate (MCV)*
- MMR
- IPV
- Tetanus-diphtheria-pertussis (Tdap)*
- Varicella

7th Grade

- HPV
- MCV
- Tdap

**All students entering school in Hawai‘i for the first time in 7th grade or higher must show evidence of receiving these immunizations prior to school attendance.*

Questions?

Hawai‘i Department of Health Immunization Branch



Web: health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/
Email: immunization@doh.hawaii.gov
Call: (808) 586-8332 or 1 (800) 933-4832

Hawai‘i Department of Health Tuberculosis Control Branch



Web: health.hawaii.gov/tb
Call: (808) 832-5731

Nondiscrimination in Services. We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call the Hawai‘i Department of Health Immunization Branch or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, Hawai‘i 96801-3378 or at (808) 586-4616 (voice/tty) within 180 days of a problem.

August 2019



YMCA of Honolulu - Early Learning Programs

Family Support Services

For more information, visit: <https://www.patchhawaii.org/get-resources/>

Health, Nutrition, and Family Planning

U.S. Consumer Products Safety Commission Hotline (toll free)	1-800-638-2772
National Lead Information Center (toll free)	1-800-424-5323
Poison Help Number (toll free)	1-800-222-1222
Hawaii Mother's Milk, Inc. (Information on breast feeding)	(808) 949-1723
Keiki Injury Prevention Coalition (Child Safety Information)	(808) 983-6800
WIC—DOH (Nutrition education and food supplement for women, infants, and children)	(808) 586-8175
Hawaii Foodbank - Food Assistance (https://hawaiifoodbank.org/help/)	(808) 836-3600

Crisis Services

Child Welfare / Protective Services - Oahu	(808) 832-5300
Child and Family Service (Domestic Violence Hotline)	(808) 841-0822
Shelter and Crisis Lines for Family Violence - Honolulu & Leeward	(808) 841-0822
Public Assistance Line	1-855-643-1643
Child Abuse Reporting - Oahu	(808) 832-5300

Immigrant & Refugee Services

Bilingual Access Line (Interpreters)	(808) 526-9724
Goodwill Industries Inc. (Immigrant employment services - Oahu)	(808) 792-8555
Child and Family Service - Employment Core Services for Refugees (Oahu)	(808) 543-8436
Pacific Gateway Center - Immigrant Center (Oahu)	(808) 851-7010

Services for Military Families

Military One Source (Active duty, guard, reserve members, & their families - toll free)	1-800-342-9647
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Child Care Subsidy (<https://humanservices.hawaii.gov/bessd/ccch-subsidies/>) 1-855-643-1643

The Child Care Subsidy Program

The Preschool Open Doors Program