

The Center for the Development of Children

30 Springdale Ave. PO Box 279 Dover, MA 02030

Sandy Blinn, Director

(508)785-1835

Child's Enrollment Form

Attach current picture here

Child Information			
Child's name:		Date of birth:	
Age at admissions:		Date of admission:	
Child's home addr	ess:		
Home phone num	ber:		
Primary Language:	:	Identifying marks:	
Eye color:	Hair color:	Skin color:	
Sex:	Height:	Weight:	
Parent/Guardian I	Information		
Parent/Guardian n	name:		
Relationship to chi	ild:		,
Home Address:			
Reachable phone i	number:		
Email address:			
Business Name:			
Business Address:			
Business phone nu	ımber:		
Hours at work:			

Parent/Guardian name:	
Relationship to child:	
Home Address:	
Reachable phone number:	
Email address:	
Business Name:	
Business Address:	
Business phone number:	
Hours at work:	
Additional Information	
Child's Physician:	
Address:	Phone number:
Allergies/special diets?	
Individual health plan for child with a chronic health co	ondition? If yes, please attach.
Copies of any custody agreements, court orders, and r	estraining orders pertaining to the child?
If yes, please attach.	
Special limitations or concerns?	
Parent/guardian Signature	Date



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Meningococcal Disease and Daycare Attendees: Commonly Asked Questions

August 2011

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

Are children in daycare at increased risk for meningococcal disease?

Children under 5 years of age have a higher rate of meningococcal disease than older children, but daycare is **not** considered to increase risk for meningococcal disease.

Is there a vaccine against meningococcal disease?

There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is now recommended routinely for children 11-12 years of age with a booster dose at 16-18 years of age. College freshman and other newly enrolled college students living in dormitories are recommended to have received a dose of meningococcal vaccine within 5 years of enrollment. Other high-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. Children and adults with terminal complement component deficiency (an inherited immune disorder) should also receive the vaccine. Parents of children in these groups should discuss vaccination with their child's healthcare provider.

At the current time, routine vaccination with meningococcal vaccine is **not** recommended for healthy pre-school children who are not in one of the high-risk groups. Your child's healthcare provider can provide additional information about vaccination in this age group.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, and respiratory hygiene and cough etiquette. Individuals should:

- wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water, or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
- cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
- 3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219.

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