

American Academy of Pediatrics



BRIGHT FUTURES PREVISIT QUESTIONNAIRE

7 YEAR VISIT

To provide you and your child with the best possible health care, we would like to know how things are going. Please answer all the questions. Thank you.

WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today? ☐ No ☐ Yes, describe:

TELL US ABOUT YOUR CHILD AND FAMILY.

What excites or delights you most about your child?

Does your child have special health care needs? ☐ No ☐ Yes, describe:

Have there been major changes lately in your child's or family's life? ☐ No ☐ Yes, describe:

Have any of your child's relatives developed new medical problems since your last visit? ☐ No ☐ Yes ☐ Unsure If yes or unsure, please describe:

Does your child live with anyone who smokes or spend time in places where people smoke or use e-cigarettes? ☐ No ☐ Yes ☐ Unsure

YOUR GROWING AND DEVELOPING CHILD

Do you have specific concerns about your child's development, learning, or behavior? ☐ No ☐ Yes, describe:

Check off each of the items that are true for your child.

- ☐ Shows the ability to get along with others and control his emotions
- ☐ Chooses to eat healthy foods and participate in physical activity every day
- ☐ Forms caring, supportive relationships with family members, other adults, and peers

7 YEAR VISIT

RISK ASSESSMENT

Anemia	Does your child's diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
	Do you ever struggle to put food on the table?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Hearing	Do you have concerns about how your child hears?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Do you have concerns about how your child speaks?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Oral health	Does your child's primary water source contain fluoride?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unsure
Tuberculosis	Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Is your child infected with HIV?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Has your child ever failed a school vision screening test?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure
	Does your child tend to squint?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unsure

ANTICIPATORY GUIDANCE

How are things going for you, your child, and your family?

YOUR FAMILY'S HEALTH AND WELL-BEING

Neighborhood and Family Violence (Bullying and Fighting)		
Are there frequent reports of violence in your community or school?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child ever been bullied or hurt physically by someone?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child ever bullied or been aggressive with others?	<input type="radio"/> No	<input type="radio"/> Yes
Have you talked with your child about how to get help and who to call if there is an emergency?	<input type="radio"/> No	<input type="radio"/> Yes
Has your child ever told you she was touched in a way that made her uncomfortable or on her private parts?	<input type="radio"/> No	<input type="radio"/> Yes
Food Security		
Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?	<input type="radio"/> No	<input type="radio"/> Yes
Within the past 12 months, did the food you bought not last, and you did not have money to get more?	<input type="radio"/> No	<input type="radio"/> Yes
Alcohol and Drugs		
Is there anyone in your child's life whose alcohol or drug use concerns you?	<input type="radio"/> No	<input type="radio"/> Yes
Harm From the Internet		
Do you supervise your child's Internet use?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have rules about Internet use?	<input type="radio"/> Yes	<input type="radio"/> No
Do you use safety filters on computers, tablets, and smartphones?	<input type="radio"/> Yes	<input type="radio"/> No
Emotional Security and Self-esteem		
Does your child usually seem happy?	<input type="radio"/> Yes	<input type="radio"/> No
Are there things your child is really good at doing or is proud of?	<input type="radio"/> Yes	<input type="radio"/> No
Connectedness With Family		
Does your family get along well with each other?	<input type="radio"/> Yes	<input type="radio"/> No
Does your family do things together?	<input type="radio"/> Yes	<input type="radio"/> No

7 YEAR VISIT

YOUR CHILD'S DEVELOPMENT

Does your child have chores or responsibilities at home?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have clear rules and expectations for your child?	<input type="radio"/> Yes	<input type="radio"/> No
When your child breaks the rules, are you consistent with consequences and discipline?	<input type="radio"/> Yes	<input type="radio"/> No
Do you let your child know when he is doing a good job?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child frequently have worries?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have problems dealing with anger or frustration?	<input type="radio"/> No	<input type="radio"/> Yes
Do you help your child control her anger, deal with worries, and solve problems?	<input type="radio"/> Yes	<input type="radio"/> No
Puberty and Pubertal Development		
Have you talked with your child about how his body will change during puberty?	<input type="radio"/> Yes	<input type="radio"/> No

SCHOOL

Is your child doing well in school?	<input type="radio"/> Yes	<input type="radio"/> No
Has your child missed more than 2 days of school in any month?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have any difficulties at school or get extra help?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child like school?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have friends at school?	<input type="radio"/> Yes	<input type="radio"/> No
Is your child involved in after-school activities?	<input type="radio"/> Yes	<input type="radio"/> No

STAYING HEALTHY

Healthy Teeth		
Does your child brush her teeth twice a day?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child see the dentist twice a year?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use a mouth guard if playing contact sports?	<input type="radio"/> Yes	<input type="radio"/> No
Nutrition		
Do you have any concerns about your child's weight or eating habits?	<input type="radio"/> No	<input type="radio"/> Yes
Do you have any concerns about your child's eating? This includes drinking enough milk and eating vegetables and fruits.	<input type="radio"/> No	<input type="radio"/> Yes
Does your child drink or eat 3 servings of dairy foods, such as milk, cheese, or yogurt, a day?	<input type="radio"/> Yes	<input type="radio"/> No
Do you eat meals together as a family?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child drink soda, juice, or other sweetened drinks?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child eat breakfast every day?	<input type="radio"/> Yes	<input type="radio"/> No
Physical Activity		
Is your child physically active at least 1 hour every day? This includes running, playing sports, or active play with friends.	<input type="radio"/> Yes	<input type="radio"/> No
How much time every day does your child spend watching TV, playing video games, or using computers, tablets, or smartphones (not counting schoolwork)?	_____ hours	
Does your child have a TV or an Internet-connected device in his bedroom?	<input type="radio"/> No	<input type="radio"/> Yes
Has your family made a family media use plan to help everyone balance time spent on media with other family and personal activities?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child have trouble going to sleep or does he wake up during the night?	<input type="radio"/> No	<input type="radio"/> Yes
Does your child have a regular bedtime?	<input type="radio"/> Yes	<input type="radio"/> No

7 YEAR VISIT

SAFETY

Car Safety		
Does your child always sit in a belt-positioning booster seat or lap and shoulder seat belt in the back seat every time she rides in a vehicle?	<input type="radio"/> Yes	<input type="radio"/> No
Does everyone in the vehicle always wear a lap and shoulder seat belt or belt-positioning booster seat?	<input type="radio"/> Yes	<input type="radio"/> No
Outdoor Safety		
Does your child always wear a helmet to protect his head when biking, skating, or doing other outdoor activities?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know how to swim?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know to always have an adult watching her in the water and never to swim alone?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child use sunscreen?	<input type="radio"/> Yes	<input type="radio"/> No
Gun Safety		
Does anyone in your home or the homes where your child spends time have a gun?	<input type="radio"/> No	<input type="radio"/> Yes
If yes, is the gun unloaded and locked up?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, is the ammunition stored and locked up separately from the gun?	<input type="radio"/> Yes	<input type="radio"/> No
Have you talked with your child about gun safety?	<input type="radio"/> Yes	<input type="radio"/> No
Harm From Adults		
Do you know your child's friends and their families?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know how to get help in an emergency if you aren't there?	<input type="radio"/> Yes	<input type="radio"/> No
Have you taught your child that it is never OK for an adult to tell a child to keep secrets from his parents?	<input type="radio"/> Yes	<input type="radio"/> No
Does your child know that it is never OK for an older child or an adult to ask to see her private parts?	<input type="radio"/> Yes	<input type="radio"/> No

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Well Child | 7 and 8 Year Visits

Accompanied By:		Preferred Language:		Date/Time:	Name:		
Weight (%):	Height (%):	BMI (%):	BP (%):	ID Number:			
Vitals (if indicated): Temp:		HR:	Resp Rate:	SpO ₂ :	Birth Date:	Age:	Sex: M F

HISTORY

Concerns and Questions: ☐ None

Interval History: ☐ None

Medical History: ☐ Child has special health care needs.

Areas reviewed and updated as needed

☐ Past Medical History (See Initial History Questionnaire.)

☐ Surgical History (See Initial History Questionnaire.)

☐ Problem List (See Problem List.)

Medications: ☐ None

☐ Reviewed and updated (See Medication Record.)

Allergies: ☐ No known drug allergies

Nutrition: ☐ Good appetite ☐ Good variety

☐ Daily fruits and vegetables: _____

☐ Iron: Source: _____

☐ Calcium: Source: _____ Amount: _____

Comments: _____

Dental Home: ☐ No ☐ Yes: _____

Brushing twice daily: ☐ Yes ☐ No: _____

Fluoride: ☐ In water source ☐ Oral supplement ☐ Other: _____

Sugar-sweetened beverages: ☐ No ☐ Yes

Elimination: ☐ Regular soft stools: _____

Sleep: ☐ No concerns

Physical Activity:

Playtime (60 min/d): ☐ Yes ☐ No: _____

Screen time: h/d: _____

Source: _____

Family media use plan discussed: ☐ Yes ☐ No

School: Grade: _____ IEP/504/behavior plan: ☐ Yes ☐ No ☐ NA

Performance: ☐ NL _____

Parent/teacher concerns: ☐ None

Behavior: ☐ No concerns

Parent-child-sibling interaction: ☐ NL _____

Cooperation: ☐ Yes ☐ No Oppositional behavior: ☐ Yes ☐ No

DEVELOPMENT

☒ = Normal development ☐ See Previsit Questionnaire.

Caregiver concerns about development: ☐ None ☐ Yes: _____

☐ Shows the ability to get along with others and control emotions

☐ Chooses to eat healthy foods and participate in physical activity every day

☐ Forms caring, supportive relationships with family members, other adults, and peers

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SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire.): ☐ Social History ☐ Family HistoryChanges since last visit: _____ ☐ No interval changeSmoking household: ☐ No ☐ Yes: _____ Firearms in home: ☐ No ☐ Yes: _____

Observation of parent-child interaction: _____

Parents working outside home: ☐ One parent ☐ Both parents After-school care: _____

REVIEW OF SYSTEMS

☐ A 10-point review of systems was performed and results were negative except for any positive results listed below.**Bold** = Focus area for this Bright Futures Visit

Constitutional: _____ Respiratory: _____ Skin: _____

Eyes: _____ Gastrointestinal: _____ Neurological: _____

Head, Ears, Nose, and Throat: _____ Genitourinary: _____ Other: _____

Cardiovascular: _____ Musculoskeletal: _____ Other: _____

PHYSICAL EXAMINATION

☒ = System examined **Bold** = Focus area for this Bright Futures Visit

Normal examination findings in text. Cross out abnormalities. Describe other findings in the area provided.

☐ **General:** Well-appearing child. **Normal BMI and BP for age.** _____☐ Head: Normocephalic and atraumatic. _____☐ **Eyes:** Pupils equal, round, and reactive to light. **Extraocular eye movements intact.** Normal funduscopic examination findings.☐ Ears, nose, **mouth**, and throat: Tympanic membranes with visible light reflex bilaterally. Healthy-appearing teeth **without visible caries. No gingivitis.**
No malocclusion.☐ Neck: Supple, with full range of motion and no significant adenopathy. _____☐ Heart: Regular rate and rhythm. No murmur. _____☐ Respiratory: Breath sounds clear bilaterally. Comfortable work of breathing. _____☐ Abdomen: Soft, with no palpable masses. _____☐ Genitourinary: _____☐ Normal female external genitalia. _____☐ Normal male external genitalia. _____

Sexual Maturity Rating

☐ **Female: Breast development SMR** _____, **pubic hair SMR** _____☐ **Male: Testicular development SMR** _____, **pubic hair SMR** _____☐ **Musculoskeletal:** Spine straight. **Full range of motion in hips, knees, and ankles.** _____☐ **Neurological: Normal gait.** Normal strength and tone. _____☐ Skin: Warm and well perfused. No rashes or bruising. No atypical nevi or birthmarks. _____

Other comments: _____

ASSESSMENT

☐ Well child ☐ Normal interval growth (See growth chart.) ☐ Normal BMI percentile for age ☐ Normal BP percentile for age

ANTICIPATORY GUIDANCE

☒ Discussed and/or handout given☐ **SOCIAL DETERMINANTS OF HEALTH**

- Neighborhood and family violence
- Food security
- Family substance use
- Harm from the Internet
- Emotional security and self-esteem
- Connectedness with family and peers

☐ **DEVELOPMENT AND MENTAL HEALTH**

- Independence
- Rules and consequences
- Temper problems and conflict resolution
- Puberty and pubertal development

☐ **SCHOOL**

- Adaptation to school
- School problems (behavior or learning issues)
- School performance and progress; school attendance
- IEP or special education services
- Involvement in school activities and after-school programs

☐ **PHYSICAL GROWTH AND DEVELOPMENT**

- Oral health
- Nutrition
- Physical activity

☐ **SAFETY**

- Car safety
- Safety during physical activity
- Water safety
- Sun protection
- Harm from adults
- Gun safety

PLAN

Immunizations: ☐ Vaccine Administration Record reviewedAdministered today: _____ ☐ Up-to-date for ageUniversal Screening: ☐ None (age 7 y)☐ Hearing (age 8 y): Result: ☐ Normal hearing BL ☐ Abnormal: _____☐ Vision (age 8 y): Result: ☐ Normal vision for age ☐ Abnormal: _____

Selective Screening (based on risk assessment) (See Previsit Questionnaire.):

☐ Anemia ☐ Dyslipidemia ☐ Hearing (age 7 y) ☐ Oral health ☐ Tuberculosis ☐ Vision (age 7 y)

Comments/results:

Follow-up:

☐ Routine follow-up in 1 year ☐ Next visit: _____ ☐ Referral to: _____

PRINT NAME.

SIGNATURE

Provider 1

Provider 2

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4th Edition*



BRIGHT FUTURES HANDOUT ► PARENT

7 AND 8 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to your family.

✓ HOW YOUR FAMILY IS DOING

- Encourage your child to be independent and responsible. Hug and praise her.
- Spend time with your child. Get to know her friends and their families.
- Take pride in your child for good behavior and doing well in school.
- Help your child deal with conflict.
- If you are worried about your living or food situation, talk with us. Community agencies and programs such as SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs. If you're worried about a family member's use, let us know, or reach out to local or online resources that can help.
- Put the family computer in a central place.
 - Know who your child talks with online.
 - Install a safety filter.

✓ YOUR GROWING CHILD

- Give your child chores to do and expect them to be done.
- Be a good role model.
- Don't hit or allow others to hit.
- Help your child do things for himself.
- Teach your child to help others.
- Discuss rules and consequences with your child.
- Be aware of puberty and changes in your child's body.
- Use simple responses to answer your child's questions.
- Talk with your child about what worries him.

✓ STAYING HEALTHY

- Take your child to the dentist twice a year.
- Give a fluoride supplement if the dentist recommends it.
- Help your child brush her teeth twice a day
 - After breakfast
 - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Help your child floss her teeth once a day.
- Encourage your child to always wear a mouth guard to protect her teeth while playing sports.
- Encourage healthy eating by
 - Eating together often as a family
 - Serving vegetables, fruits, whole grains, lean protein, and low-fat or fat-free dairy
 - Limiting sugars, salt, and low-nutrient foods
- Limit screen time to 2 hours (not counting schoolwork).
- Don't put a TV or computer in your child's bedroom.
- Consider making a family media use plan. It helps you make rules for media use and balance screen time with other activities, including exercise.
- Encourage your child to play actively for at least 1 hour daily.

✓ SCHOOL

Help your child get ready for school. Use the following strategies:

- Create bedtime routines so he gets 10 to 11 hours of sleep.
- Offer him a healthy breakfast every morning.
- Attend back-to-school night, parent-teacher events, and as many other school events as possible.
- Talk with your child and child's teacher about bullies.
- Talk with your child's teacher if you think your child might need extra help or tutoring.
- Know that your child's teacher can help with evaluations for special help, if your child is not doing well in school.

Helpful Resources: Family Media Use Plan: www.healthychildren.org/MediaUsePlan

Smoking Quit Line: 800-784-8669 | Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

7 AND 8 YEAR VISITS—PARENT



SAFETY

- The back seat is the safest place to ride in a car until your child is 13 years old.
- Your child should use a belt-positioning booster seat until the vehicle's lap and shoulder belts fit.
- Teach your child to swim and watch her in the water.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on her exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.
- Teach your child plans for emergencies such as a fire. Teach your child how and when to dial 911.
- Teach your child how to be safe with other adults.
 - No adult should ask a child to keep secrets from parents.
 - No adult should ask to see a child's private parts.
 - No adult should ask a child for help with the adult's own private parts.

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BRIGHT FUTURES HANDOUT ► PATIENT

7 AND 8 YEAR VISITS

Here are some suggestions from Bright Futures experts that may be of value to you and your family.

✓ TAKING CARE OF YOU

- If you get angry with someone, try to walk away.
- Don't try cigarettes or e-cigarettes. They are bad for you. Walk away if someone offers you one.
- Talk with us if you are worried about alcohol or drug use in your family.
- Go online only when your parents say it's OK. Don't give your name, address, or phone number on a Web site unless your parents say it's OK.
- If you want to chat online, tell your parents first.
- If you feel scared online, get off and tell your parents.
- Enjoy spending time with your family. Help out at home.

✓ HANDLING FEELINGS

- Talk about your worries. It helps.
- Talk about feeling mad or sad with someone who you trust and listens well.
- Ask your parent or another trusted adult about changes in your body.
- Even questions that feel embarrassing are important. It's OK to talk about your body and how it's changing.

✓ EATING WELL AND BEING ACTIVE

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear a mouth guard when playing sports.
- Eat breakfast every day.
- Be a healthy eater. It helps you do well in school and sports.
 - Have vegetables, fruits, lean protein, and whole grains at meals and snacks.
 - Eat when you're hungry. Stop when you feel satisfied.
 - Eat with your family often.
- If you drink fruit juice, drink only 1 cup of 100% fruit juice a day.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Have healthy snacks such as fruit, cheese, and yogurt.
- Drink at least 3 glasses of milk daily.
- Turn off the TV, tablet, or computer. Get up and play instead.
- Go out and play several times a day.

✓ DOING WELL AT SCHOOL

- Try to do your best at school. Doing well in school helps you feel good about yourself.
- Ask for help when you need it.
- Find clubs and teams to join.
- Tell kids who pick on you or try to hurt you to stop. Then walk away.
- Tell adults you trust about bullies.

7 AND 8 YEAR VISITS—PATIENT



PLAYING IT SAFE

- Make sure you're always buckled into your booster seat and ride in the back seat of the car. That is where you are safest.
- Wear your helmet and safety gear when riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Ask your parents about learning to swim. Never swim without an adult nearby.
- Always wear sunscreen and a hat when you're outside. Try not to be outside for too long between 11:00 am and 3:00 pm, when it's easy to get a sunburn.
- Don't open the door to anyone you don't know.
- Have friends over only when your parents say it's OK.
- Ask a grown-up for help if you are scared or worried.
- It is OK to ask to go home from a friend's house and be with your mom or dad.
- Keep your private parts (the parts of your body covered by a bathing suit) covered.
- Tell your parent or another grown-up right away if an older child or a grown-up
 - Shows you his or her private parts.
 - Asks you to show him or her yours.
 - Touches your private parts.
 - Scares you or asks you not to tell your parents.
 - If that person does any of these things, get away as soon as you can and tell your parent or another adult you trust.
- If you see a gun, don't touch it. Tell your parents right away.

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