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
### 10 YEAR VISIT

#### RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Anemia</th>
<th>Does your child’s diet include iron-rich foods, such as meat, iron-fortified cereals, or beans?</th>
<th>O Yes</th>
<th>O No</th>
<th>O Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does your child eat a vegetarian diet (does not eat red meat, chicken, fish, or seafood)?</td>
<td>O No</td>
<td>O Yes</td>
<td>O Unsure</td>
</tr>
<tr>
<td></td>
<td>If your child is a vegetarian (does not eat red meat, chicken, fish, or seafood), does your child take an iron supplement?</td>
<td>O Yes</td>
<td>O No</td>
<td>O Unsure</td>
</tr>
<tr>
<td></td>
<td>Do you ever struggle to put food on the table?</td>
<td>O No</td>
<td>O Yes</td>
<td>O Unsure</td>
</tr>
</tbody>
</table>

| Oral health | Does your child’s primary water source contain fluoride? | O Yes | O No | O Unsure |

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th>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)?</th>
<th>O No</th>
<th>O Yes</th>
<th>O Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result?</td>
<td>O No</td>
<td>O Yes</td>
<td>O Unsure</td>
</tr>
<tr>
<td></td>
<td>Is your child infected with HIV?</td>
<td>O No</td>
<td>O Yes</td>
<td>O Unsure</td>
</tr>
</tbody>
</table>

#### ANTICIPATORY GUIDANCE

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

**YOUR FAMILY’S HEALTH AND WELL-BEING**

<table>
<thead>
<tr>
<th>Neighborhood and Family Violence</th>
<th>Are there frequent reports of violence in your community or school?</th>
<th>O No</th>
<th>O Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Has your child ever been bullied or hurt physically by someone?</td>
<td>O No</td>
<td>O Yes</td>
</tr>
<tr>
<td></td>
<td>Has your child felt excluded or not a part of any group of friends?</td>
<td>O No</td>
<td>O Yes</td>
</tr>
<tr>
<td></td>
<td>Has your child ever told you she was touched in a way that made her uncomfortable or on her private parts?</td>
<td>O No</td>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food Security</th>
<th>Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more?</th>
<th>O No</th>
<th>O Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Within the past 12 months, did the food you bought not last, and you did not have money to get more?</td>
<td>O No</td>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco, E-cigarettes, Alcohol, and Drugs</th>
<th>Is there anyone in your child’s life whose alcohol or drug use concerns you?</th>
<th>O No</th>
<th>O Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do any of your child’s friends smoke, use or vape e-cigarettes, drink alcohol or beer, or use drugs?</td>
<td>O No</td>
<td>O Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harm From the Internet</th>
<th>Do you know about your child’s Internet use?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do you have rules for the Internet?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td></td>
<td>Have you installed an Internet safety filter on computers, tablets, and smartphones?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Security and Self-esteem</th>
<th>Does your child usually seem happy?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are there things your child is really good at doing or is proud of?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td></td>
<td>Does your child have the chance to help others at home, at school, or in your community?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Connectedness With Family and Peers</th>
<th>Do your family members get along well with each other?</th>
<th>O Yes</th>
<th>O No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does your family do things together?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td></td>
<td>Does your child have chores or responsibilities at home?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
<tr>
<td></td>
<td>Does your child have friends at school or in your neighborhood?</td>
<td>O Yes</td>
<td>O No</td>
</tr>
</tbody>
</table>
10 YEAR VISIT

YOUR GROWING CHILD

Temper Problems, Setting Reasonable Limits, and Friends

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child experienced any recent stresses at home or in school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have clear rules and expectations for your child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When your child breaks the rules, are you consistent with consequences and discipline?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you help your child control his anger, deal with worries, and solve problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you and your child talked about how to say no to smoking, alcohol, and drug use?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Onset of Puberty and Sexual Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you talked with your child about the body changes that occur during puberty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you discussed privacy and body safety with your child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you and your child talked about sex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child know to tell a trusted adult if someone touches her private parts or if someone encourages her to do other things that make her uncomfortable or she knows are wrong?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCHOOL

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have concerns about your child’s school experience?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your child missed more than 2 days of school in any month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have any difficulties at school or get extra help in any subjects?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child participate in activities outside of school?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STAYING HEALTHY

Healthy Teeth

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a dentist?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child brush and floss his teeth every day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child use a mouth guard when playing contact sports?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child regularly drink soda, juice, or other sugar-sweetened drinks?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nutrition

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns about your child’s weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns about her eating? This includes drinking enough milk and eating vegetables and fruits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you eat family meals together?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you hear your child talking about how he looks or dieting?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physical Activity

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child physically active at least 1 hour a day? This includes running, playing sports, or active play with friends.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns about your child’s physical activity level, such as it being either too much or too little?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have trouble going to sleep or does she wake up during the night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much time every day does your child spend watching TV, playing video games, or using computers, tablets, or smartphones (not counting schoolwork)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have a TV or an Internet-connected device in his bedroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your family made a family media use plan to help everyone balance time spent on media with other family and personal activities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SAFETY

Car Safety

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does everyone in the vehicle always use a lap and shoulder seat belt?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Safety During Physical Activity

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child always wear a helmet to protect his head when biking, skating, or doing other outdoor activities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10 YEAR VISIT

SAFETY (CONTINUED)

<table>
<thead>
<tr>
<th>Outdoor Safety</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child know how to swim?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Does your child know to always have an adult watching her in the water and never to swim alone?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Does your child always use sunscreen when playing outside?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowing Your Child's Friends and Their Families</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know your child's friends and their families?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Does your child know how to get help in an emergency if you are not there?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gun Safety</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone in your home or the homes where your child spends time have a gun?</td>
<td>○ No</td>
<td>○ Yes</td>
</tr>
<tr>
<td>If yes, is the gun unloaded and locked up?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>If yes, is the ammunition stored and locked up separately from the gun?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
<tr>
<td>Have you talked with your child about gun safety?</td>
<td>○ Yes</td>
<td>○ No</td>
</tr>
</tbody>
</table>

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For more information, go to https://brightfutures.aap.org.
Well Child | 9 and 10 Year Visits

Accompanied By: ___________________________ Preferred Language: ___________________________ Date/Time: ___________________________
Name: ___________________________

Weight (%): ___________________________ Height (%): ___________________________ BMI (%): ___________________________ BP (%): ___________________________

Vitals (if indicated): Temp: ___________________________ HR: ___________________________ Resp Rate: ___________________________ SpO₂: ___________________________
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:

Girls: Menarche: □ No □ Yes: ___________________________

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:
Exercise (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
**PHYSICAL EXAMINATION**

- **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.
- **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.
- **Musculoskeletal:** Spine straight. Full range of motion in hips, knees, and ankles.
- **Skin:** Warm and well perfused. No rashes or bruising. No signs of cutting or other self-injury.
- **Neurological:** Normal gait. Normal strength and tone.
- **Other comments:**

**ASSESSMENT**

- **Well child**
- **Normal interval growth (See growth chart.)**
- **Normal BMI percentile for age**
- **Normal BP percentile for age**
Well Child | 9 and 10 Year Visits

Name: ____________________________

**ANTICIPATORY GUIDANCE**

☐ Discuss 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
  - Temper problems, setting reasonable limits, and friends
  - Sexuality

☐ SCHOOL
  - School attendance
  - School problems
  - School performance and progress
  - Transitions
  - Co-occurrence of middle school and pubertal transitions

☐ PHYSICAL GROWTH AND DEVELOPMENT
  - Oral health
  - Nutrition
  - Physical activity

☐ SAFETY
  - Car safety
  - Safety during physical activity
  - Water safety
  - Sun protection
  - Knowing child’s friends and their families
  - Gun safety

**PLAN**

Immunizations: ☐ Vaccine Administration Record reviewed ☐ Administered today: ________________ ☐ Up-to-date for age

Universal Screening:

☐ Dyslipidemia (once between 9 y and 11 y): Completed age: ______ Result: ☐ Within reference range ☐ Abnormal: ______________________________

☐ Hearing (age 10 y): Result: ☐ Normal hearing BL ☐ Abnormal: ______________________________

☐ Vision (age 10 y): Result: ☐ Normal vision for age ☐ Abnormal: ______________________________

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

☐ Anemia ☐ Hearing (age 9 y) ☐ Oral health ☐ Tuberculosis ☐ Vision (age 9 y)

Comments/results:

Follow-up:

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

**PRINT NAME.**

<table>
<thead>
<tr>
<th>Provider 1</th>
<th>Provider 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition

American Academy of Pediatrics | Bright Futures | https://brightfutures.aap.org
## HOW YOUR FAMILY IS DOING

- Encourage your child to be independent and responsible. Hug and praise him.
- Spend time with your child. Get to know his 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.
- 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.
- Watch your child’s computer use.
  - Know who he talks with online.
  - Install a safety filter.

## STAYING HEALTHY

- Take your child to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Remind your child to brush his teeth twice a day
  - After breakfast
  - Before bed
- Use a pea-sized amount of toothpaste with fluoride.
- Remind your child to floss his teeth once a day.
- Encourage your child to always wear a mouth guard to protect his 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.

## YOUR GROWING CHILD

- Be a model for your child by saying you are sorry when you make a mistake.
- Show your child how to use her words when she is angry.
- Teach your child to help others.
- Give your child chores to do and expect them to be done.
- Give your child her own personal space.
- Get to know your child’s friends and their families.
- Understand that your child’s friends are very important.
- Answer questions about puberty. Ask us for help if you don’t feel comfortable answering questions.
- Teach your child the importance of delaying sexual behavior. Encourage your child to ask questions.
- 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.

## SCHOOL

- Show interest in your child’s school activities.
- If you have any concerns, ask your child’s teacher for help.
- Praise your child for doing things well at school.
- Set a routine and make a quiet place for doing homework.
- Talk with your child and her teacher about bullying.

---

**Helpful Resources:**

- Family Media Use Plan: [www.healthychildren.org/MediaUsePlan](http://www.healthychildren.org/MediaUsePlan)
- Smoking Quit Line: 800-784-8669
- Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents)
- Toll-free Auto Safety Hotline: 888-327-4236

---
9 AND 10 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.
- Provide a properly fitting helmet and safety gear for riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Teach your child to swim and watch him in the water.
- Use a hat, sun protection clothing, and sunscreen with SPF of 15 or higher on his exposed skin. Limit time outside when the sun is strongest (11:00 am–3:00 pm).
- If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately from the gun.

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For more information, go to https://brightfutures.aap.org.
BRIGHT FUTURES HANDOUT ★ PATIENT
9 AND 10 YEAR VISITS

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

**TAKING CARE OF YOU**

- Enjoy spending time with your family.
- Help out at home and in your community.
- If you get angry with someone, try to walk away.
- Say “No!” to drugs, alcohol, and cigarettes or e-cigarettes. Walk away if someone offers you some.
- Talk with your parents, teachers, or another trusted adult if anyone bullies, threatens, or hurts you.
- 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.

**GROWING AND DEVELOPING**

- Ask a parent or trusted adult questions about the changes in your body.
- Share your feelings with others. Talking is a good way to handle anger, disappointment, worry, and sadness.
- To handle your anger, try
  - Staying calm
  - Listening and talking through it
  - Trying to understand the other person’s point of view
- Know that it’s OK to feel up sometimes and down others, but if you feel sad most of the time, let us know.
- Don’t stay friends with kids who ask you to do scary or harmful things.
- Know that it’s never OK for an older child or an adult to
  - Show you his or her private parts.
  - Ask to see or touch your private parts.
  - Scare you or ask 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.

**EATING WELL AND BEING ACTIVE**

- Brush your teeth at least twice each day, morning and night.
- Floss your teeth every day.
- Wear your mouth guard when playing sports.
- Eat breakfast every day. It helps you learn.
- 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.
- Drink 3 cups of low-fat or fat-free milk or water instead of soda or juice drinks.
- Limit high-fat foods and drinks such as candies, snacks, fast food, and soft drinks.
- Talk with us if you’re thinking about losing weight or using dietary supplements.
- Plan and get at least 1 hour of active exercise every day.

**DOING WELL AT SCHOOL**

- Try your best at school. Doing well in school helps you feel good about yourself.
- Ask for help when you need it.
- Join clubs and teams, faith groups, and friends for activities after school.
- Tell kids who pick on you or try to hurt you to stop. Then walk away.
- Tell adults you trust about bullies.
# PLAYING IT SAFE

- Wear your lap and shoulder seat belt at all times in the car. Use a booster seat if the lap and shoulder seat belt does not fit you yet.
- Sit in the back seat until you are 13 years old. It is the safest place.
- Wear your helmet and safety gear when riding scooters, biking, skating, in-line skating, skiing, snowboarding, and horseback riding.
- Always wear the right safety equipment for your activities.
- Never swim alone. Ask about learning how to swim if you don’t already know how.
- 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.
- Have friends over only when your parents say it’s OK.
- Ask to go home if you are uncomfortable at someone else’s house or a party.
- If you see a gun, don’t touch it. Tell your parents right away.

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition*

For more information, go to https://brightfutures.aap.org.