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
### RISK ASSESSMENT

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

#### Hearing
- Do you have concerns about how your child hears? [ ] Yes [ ] No [ ] Unsure
- Do you have concerns about how your child speaks? [ ] Yes [ ] No [ ] Unsure

#### Oral health
- Does your child’s primary water source contain fluoride? [ ] Yes [ ] No [ ] 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)? [ ] Yes [ ] No [ ] Unsure
- Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? [ ] Yes [ ] No [ ] Unsure
- Is your child infected with HIV? [ ] Yes [ ] No [ ] Unsure

#### Vision
- Do you have concerns about how your child sees? [ ] Yes [ ] No [ ] Unsure
- Has your child ever failed a school vision screening test? [ ] Yes [ ] No [ ] Unsure
- Does your child tend to squint? [ ] Yes [ ] No [ ] 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? [ ] Yes [ ] No
- Has your child ever been bullied or hurt physically by someone? [ ] Yes [ ] No
- Has your child ever bullied or been aggressive with others? [ ] Yes [ ] No
- Have you talked with your child about how to get help and who to call if there is an emergency? [ ] Yes [ ] No

**Food Security**
- Within the past 12 months, were you ever worried whether your food would run out before you got money to buy more? [ ] Yes [ ] No
- Within the past 12 months, did the food you bought not last, and you did not have money to get more? [ ] Yes [ ] No

**Alcohol and Drugs**
- Is there anyone in your child’s life whose alcohol or drug use concerns you? [ ] Yes [ ] No

**Harm From the Internet**
- Do you supervise your child’s Internet use? [ ] Yes [ ] No
- Do you have rules about Internet use? [ ] Yes [ ] No
- Do you use safety filters on computers, tablets, and smartphones? [ ] Yes [ ] No

**Emotional Security and Self-esteem**
- Does your child usually seem happy? [ ] Yes [ ] No
- Are there things your child is really good at doing or is proud of? [ ] Yes [ ] No

**Connectedness With Family**
- Does your family get along well with each other? [ ] Yes [ ] No
- Does your family do things together? [ ] Yes [ ] No
### 7 YEAR VISIT

#### YOUR CHILD’S DEVELOPMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have chores or responsibilities at home?</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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you let your child know when he is doing a good job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child frequently have worries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have problems dealing with anger or frustration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you help your child control her anger, deal with worries, and solve problems?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Puberty and Pubertal Development

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you talked with your child about how his body will change during puberty?</td>
<td></td>
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</tbody>
</table>

#### SCHOOL

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child doing well in school?</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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child like school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have friends at school?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child involved in after-school activities?</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 brush her teeth twice a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child see the dentist twice a year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child use a mouth guard if playing contact sports?</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 or eating habits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any concerns about your child’s eating? This includes drinking enough milk and eating vegetables and fruits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child drink or eat 3 servings of dairy foods, such as milk, cheese, or yogurt, a day?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you eat meals together as a family?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child drink soda, juice, or other sweetened drinks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child eat breakfast every day?</td>
<td></td>
<td></td>
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</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 every day? This includes running, playing sports, or active play with friends.</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>
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<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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does your child have trouble going to sleep or does he wake up during the night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have a regular bedtime?</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 wear a lap and shoulder seat belt or belt-positioning booster seat?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outdoor Safety**

<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>
<tr>
<td>Does your child know how to swim?</td>
<td></td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>Does your child use sunscreen?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gun Safety**

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

**Harm From Adults**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you know your child’s friends and their families?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child know how to get help in an emergency if you aren’t there?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you taught your child that it is never OK for an adult to tell a child to keep secrets from his parents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child know that it is never OK for an older child or an adult to ask to see her private parts?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

For more information, go to [https://brightfutures.aap.org](https://brightfutures.aap.org).
**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: | 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: 

**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 

---

**Notes:**

The recommendations in this form do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original form included as part of the Bright Futures Tool and Resource Kit, 2nd Edition. The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this form and in no event shall the AAP be liable for any such changes. 

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PHYSICAL EXAMINATION


Head: Normocephalic and atraumatic.

Eyes: Pupils equal, round, and reactive to light. Extraocular eye movements intact. Normal funduscopic examination findings.


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:

Female: Normal female external genitalia.

Male: 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.


Skin: Warm and well perfused. No rashes or bruising. No atypical nevi or birthmarks.

Other comments:

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:

Musculoskeletal:

Other:

Other:

SAMPLE

For Review and Reference Only

SOCIAL AND FAMILY HISTORY

Areas reviewed and updated as needed (See Initial History Questionnaire.):

☐ Social History  ☐ Family History

Changes since last visit: _____________________________ ☐ No interval change

Smoking household: ☐ No  ☐ Yes: _____________________________

Firearms in home: ☐ No  ☐ Yes: _____________________________

Observation of parent-child interaction:

Parents working outside home: ☐ One parent  ☐ Both parents

A 10-point review of systems was performed and results were negative except for any positive results listed below.

监视 = 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.


☐ 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

American Academy of Pediatrics  |  Bright Futures  |  https://brightfutures.aap.org
## Well Child | 7 and 8 Year Visits

### ANTICIPATORY GUIDANCE

- **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

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

- **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

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

### PLAN

**Immunizations:**
- Vaccine Administration Record reviewed
- Administered today: ____________________________
- Up-to-date for age

**Universal Screening:**
- None (age 7 y)
- Hearing (age 8 y): Result: Normal hearing BL
- Vision (age 8 y): Result: Normal vision for age

**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.

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

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

### 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
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.

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
For more information, go to https://brightfutures.aap.org.
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.

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