



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.

✓ 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.

✓ 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.

✓ 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.

9 AND 10 YEAR VISITS—PATIENT



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>.

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BRIGHT FUTURES HANDOUT ► PARENT

11 THROUGH 14 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 part of family decisions. Give your child the chance to make more of her own decisions as she grows older.
- Encourage your child to think through problems with your support.
- Help your child find activities she is really interested in, besides schoolwork.
- Help your child find and try activities that help others.
- Help your child deal with conflict.
- Help your child figure out nonviolent ways to handle anger or fear.
- 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 CHILD'S FEELINGS

- Find ways to spend time with your child.
- If you are concerned that your child is sad, depressed, nervous, irritable, hopeless, or angry, let us know.
- Talk with your child about how his body is changing during puberty.
- If you have questions about your child's sexual development, you can always talk with us.

✓ YOUR GROWING AND CHANGING CHILD

- Help your child get to the dentist twice a year.
- Give your child a fluoride supplement if the dentist recommends it.
- Encourage your child to brush her teeth twice a day and floss once a day.
- Praise your child when she does something well, not just when she looks good.
- Support a healthy body weight and help your child be a healthy eater.
 - Provide healthy foods.
 - Eat together as a family.
 - Be a role model.
- Help your child get enough calcium with low-fat or fat-free milk, low-fat yogurt, and cheese.
- Encourage your child to get at least 1 hour of physical activity every day. Make sure she uses helmets and other safety gear.
- Consider making a family media use plan. Make rules for media use and balance your child's time for physical activities and other activities.
- Check in with your child's teacher about grades. Attend back-to-school events, parent-teacher conferences, and other school activities if possible.
- Talk with your child as she takes over responsibility for schoolwork.
- Help your child with organizing time, if she needs it.
- Encourage daily reading.

✓ HEALTHY BEHAVIOR CHOICES

- Help your child find fun, safe things to do.
- Make sure your child knows how you feel about alcohol and drug use.
- Know your child's friends and their parents. Be aware of where your child is and what he is doing at all times.
- Lock your liquor in a cabinet.
- Store prescription medications in a locked cabinet.
- Talk with your child about relationships, sex, and values.
- If you are uncomfortable talking about puberty or sexual pressures with your child, please ask us or others you trust for reliable information that can help.
- Use clear and consistent rules and discipline with your child.
- Be a role model.

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

11 THROUGH 14 YEAR VISITS—PARENT



SAFETY

- Make sure everyone always wears a lap and shoulder seat belt in the car.
- Provide a properly fitting helmet and safety gear for biking, skating, in-line skating, skiing, snowmobiling, and horseback riding.
- 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).
- Don't allow your child to ride ATVs.
- Make sure your child knows how to get help if she feels unsafe.
- 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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10 YEARS

Safety for Your Child

Did you know that injuries are the greatest threat to the life and health of your child? Injuries are the leading cause of death of school-aged children. **Yet you can prevent most major injuries** if you and your child take a few simple steps.

At age 10, children will do more things away from home. They will spend more time on a bike or in a car and will not see the need for adults to watch over them. You must take charge; you must **remind your child of safety!** It takes only a few steps to prevent major, common injuries.

Firearm Hazards

It is best to keep all guns out of your home. **Handguns are especially dangerous.** If you keep a gun, store it unloaded and in a locked place, with the ammunition locked separately. Your child is in more danger of being shot by himself or herself, his or her friends, or a family member than of being injured by an intruder.

Ask if the homes where your child visits have a gun and how it is stored. Talk with your child about guns in school or on the streets. Find out if your child's friends carry guns.

Sports Safety

At this age your child may be playing baseball, soccer, or other sports. Ask your doctor which sports are right for his or her age. **Be sure your child wears the protective equipment made for that sport**, such as shin pads, mouth guards, wrist guards, eye protection, and helmets. Ask your child's coach what is needed.

Water Safety

Now is the time to teach your child to swim. Even if your child knows how to swim, never let him or her swim alone. Teach your child how to turn upright, float, tread water, and get to safety.

Do not let your child play around any water (lake, stream, pool, or ocean) unless an adult is watching. Never let your child swim in canals or any fast-moving water. The adult must be supervising closely and continuously without distractions like reading or using a phone.

Teach your child to never dive into water unless an adult has checked the depth of the water. And when your child is on any boat, be sure your child is wearing a Coast Guard-certified life jacket.

And Remember Car Safety

Your child must **buckle the seat belt EVERY TIME** he or she rides in any car. Booster seats should be used until the lap belt can be worn low and flat on the hips and the shoulder belt lies across the middle of the chest and the shoulder rather than the face or neck (usually at about 4 feet 9 inches tall and 8 to 12 years of age). Remind your child to buckle up when riding with others. *Ask your child to remind you to buckle up too!* **The safest place for all children to ride is in the back seat.**

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Bike Safety

Your child may want to ride his or her bike farther away from home. Teach your child the “rules of the road” and be sure your child knows them. You must watch your child to be sure he or she can handle a bike safely. **Make sure your child always wears a helmet** while riding a bike. It is still very dangerous for your child to ride at dusk or after dark. Make sure your child brings in the bike as soon as the sun starts to set.

Would you be able to help your child in case of an injury? Put emergency numbers by or on your phone today. Learn first aid and CPR. Be prepared...for your child's sake!



From Your Doctor

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About Bicycle Helmets

How can I tell if a helmet will keep my child safe?

You should only buy a helmet that meets the bicycle helmet safety standards of the US Consumer Product Safety Commission (CPSC). Any helmet meeting these standards is labeled. Check the inside of the helmet for confirmation.

Do all helmets meet these standards?

All helmets manufactured or imported for use after March 1999 must comply with a mandatory safety standard issued by the CPSC.

Can other kinds of helmets be used for bicycling?

Each type of helmet is designed for protection in specific conditions and may not offer enough protection in bike crashes or falls. Bike helmets are very protective in headfirst falls at fairly high speeds and are light and well ventilated for comfort and acceptability. A multisport helmet, certified to meet the CPSC standard for bicycle helmets, is also acceptable.

Where can I get a helmet?

Helmets meeting CPSC safety standards are available at bicycle shops and at some discount, department, and toy stores in adult, children, and toddler sizes and styles. If you buy a helmet online, buy from a familiar retailer based in the United States and check the label to be sure it meets the CPSC standard. Do not resell, donate, or buy a used bike helmet because it may be too old to provide protection or may have been in a crash.

Which is better, hard-shell or soft-shell helmets?

The essential part of the helmet for impact protection is a thick layer of firm polystyrene, or plastic foam, that crushes on impact, absorbing the force of the blow. All helmets require a chin strap to keep them in place in a crash.

Hard-shell helmets also have a hard outer shell of plastic or fiberglass that provides a shield against penetration by sharp objects and holds the polystyrene together if it cracks in a fall or crash. These helmets are sturdier but tend to be heavier and warmer than the soft-shell models.

Soft-shell helmets have no hard outer shell but are made of an extra-thick layer of polystyrene covered with a cloth cover or surface coating. The cloth cover is an essential part of many soft-shell helmets. If the helmet comes with a cover, the cover must always be worn to hold the helmet together if the polystyrene cracks on impact.

Both types of helmets meet CPSC standards; the main difference is style and comfort. The soft-shell helmets are lighter than the hard-shell versions but may be less durable.

continued

How should a helmet fit?

A helmet should be worn squarely on top of the head, covering the top of the forehead. If it is tipped back, it will not protect the forehead. The helmet fits well if it doesn't move around on the head or slide down over the wearer's eyes when pushed or pulled. The chin strap should be adjusted to fit snugly.

Are there helmets for infants?

Yes. Many infant-sized helmets are of the soft-shell variety. They are light, an important consideration for small children whose necks may not be strong enough to comfortably hold up a hard-shell helmet. Babies younger than 1 year have relatively weak neck structure. Neither helmets nor bike traveling is recommended for them.

How long will a child's helmet fit?

An infant's or child's helmet should fit for several years. Most models have removable fitting pads that can be replaced with thinner ones as the child's head grows.

Can a helmet be reused after a crash?

In general, a helmet that has been through a serious fall or crash should be retired with gratitude. It has served its purpose and may not provide adequate protection in another crash. If you are uncertain whether the helmet is still usable, throw it away.

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Guns in the Home: How to Keep Kids Safe

By: Judy Schaechter, MD, MBA, FAAP

Did you know that roughly a third of U.S. homes with children have guns? In fact, an estimated 4.6 million kids live with unlocked, loaded guns. That's a scary statistic when you think about the fact that even young toddlers are capable of finding unlocked guns in the home, and they are strong enough to pull the trigger.

As a parent, you may not realize what a serious risk a gun in the home is, especially for children.

Firearm Safety for Families



Studies show children are naturally curious, even about a firearm they've been warned not to touch.



Kids are safer when: Firearms are in a lockbox or safe, unloaded. Ammunition is locked away separately.



Kids are safest when: firearms are stored outside the home.



Firearms are now the leading cause of death for U.S. children and teens under the age of 18. And the reality is that having firearms in the home increases the risk of unintentional shootings, suicide and homicide. Read on to learn how to keep your child safe.

Unintentional shootings & gun injuries

Unintentional shootings happen to children of all ages. The two age groups most likely to unintentionally shoot themselves or others are high schoolers between 14 and 17 years old, followed by preschoolers ages 5 and younger.

Research (<https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a1.htm>) shows that about half of unintentional firearm injury deaths among children and teens between 2001 and 2021 took place in their homes—usually when the kids were playing or showing the gun someone else. Many had accessed the firearm, usually a handgun, from a nightstand (/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx) or other sleeping area.

Between 2015 and 2023, there were at least 3,200 (<https://everytownsupportfund.org/press/everytown-releases-new-research-highlighting-2023-as-worst-year-for-unintentional-shootings-by-children/>) unintentional shootings by children age 17 and younger. These resulted in 1,200 deaths and 1,815 nonfatal gun injuries, nearly all among other kids. And at least 1,000 preschoolers and toddlers managed to find a gun and unintentionally shoot themselves or someone else, often a sibling or friend, during this time.

Suicide risk with guns in the home

Kids and teens are at an increased risk for suicide (/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx) when there is a gun in the home too. Suicide rates in this population are four times higher than for those who live in homes without guns. In roughly the past decade, 40% of children and teens who died by suicide used guns. Nine out of 10 of these suicides were with guns that the victims accessed at their own homes or from a relative's home.

Doctor Asks: "Where Is Your Gun?"

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Guns, kids & homicides

The risk of homicide is three times higher when there are guns in the home. Not only that, but 58% of shooting deaths in children and teens are homicides.

Keep the "safe" in firearm safety

Hiding a gun is not enough! Kids are curious, and studies show they usually know where a family keeps a gun.

Gun safes can lower the risk a curious child will be hurt:



Safe or lockbox
for handguns



Locked gun
safe for rifles



Gun trigger locks—
inexpensive and effective



Lock box
for ammo



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The most effective way to keep kids safe

The American Academy of Pediatrics (AAP) advises that the safest home for a child is one without guns. The most effective way to prevent unintentional gun injuries, suicide and homicide to children and adolescents, research shows, is the absence of guns from homes and communities.

What to do if you do keep a gun in your home

If you decide to keep guns in the home, be aware that many studies show that teaching kids about gun safety, or to not touch a gun if they find one, is not enough. You can reduce the chances of children being injured, however, by following important safety rules:

Safe gun storage

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All guns in your home should be **locked and unloaded, with ammunition locked separately**

(<https://www.youtube.com/watch?v=J1bWYBZSPzU&feature=youtu.be>). Make sure children and teens can't access the keys or combinations to lock boxes or gun safes. And remember not to keep loaded, unlocked guns in the car, or anywhere else on your property, either.

Safety steps when using firearms

When using a gun for hunting or target practice, keep the safety catch in place until you are ready to fire it. Before setting the gun down, always unload it. As much as a child may want to take a turn shooting, this is not a good idea. No matter how much instruction you may give about how to safely shoot a gun, children are not capable or responsible enough to handle a potentially lethal weapon.

How to keep your kids safe in other homes

More than a third of all unintentional shootings of children take place in the homes of their friends, neighbors or relatives. That's why it is also important to make sure your kids are safe when they spend time where other people live.



Ask About Firearms Before a Playdate

If it's not safe, invite their child over to your home instead

My kids are looking forward to play with your kids. A warning, Leah is allergic to strawberries.

Mine too! OK.

I always ask families where my kids go about firearms. Do you have guns at home?

Yes, we do have a gun.

Great. Jimmy is so curious, and always getting into things. How are your firearms stored?

We put the gun in a safe and lock up the ammo separately. See you at 3!

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Here's how to help ensure your children and their playmates do not come across an unsecured gun while they play:

Add this question to your playdate checklist.

Even if you don't have guns in your own home, ask (</English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx>) about guns and safe storage at the other homes they visit. Just as you'd ask about pets, allergies, supervision and other safety issues before your child visits another home, add one more important question: "Is there an unlocked gun in your house?" If there is, reconsider allowing your child to play there or talk to them about keeping the guns unloaded and locked. (See "5 Questions to Ask Before a Playdate (</English/safety-prevention/at-play/Pages/Questions-to-Ask-Before-a-Playdate.aspx>).")

Talk with your children about guns.

Remind your kids that if they ever come across a gun, they must stay away from it and tell you immediately.

Guns in the media

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Make sure your children understand that gun violence they may see on TV, in movies, and in video games they play at home or friends' homes is not real. They need to be told—and probably reminded again and again—that in real life, children are killed and hurt badly by guns. Although the popular media (</English/news/Pages/Virtual-Violence-Impacts-Children-on-Multiple-Levels.aspx>) often romanticize gun use, children need to learn that these weapons can be extremely dangerous.

More information

- [Is There an Unlocked Gun Where Your Child Plays? \(/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx\)](/English/safety-prevention/at-play/Pages/Is-There-A-Gun-Where-Your-Child-Plays-Asking-Can-Save-Lives.aspx)
- [Teen Suicide Risk: What Parents Should Know \(/English/health-issues/conditions/emotional-problems/Pages/Which-Kids-are-at-Highest-Risk-for-Suicide.aspx\)](/English/health-issues/conditions/emotional-problems/Pages/Which-Kids-are-at-Highest-Risk-for-Suicide.aspx)
- [12 Things Parents Can Do to Prevent Suicide \(/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx\)](/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx)
- [Gun Deaths: Urgent Public Health Crisis Affecting Children & Teens \(/English/news/Pages/firearm-deaths-spike-almost-30-percent-during-pandemic-gun-homicides-rise-35-percent-from-2019-20.aspx\)](/English/news/Pages/firearm-deaths-spike-almost-30-percent-during-pandemic-gun-homicides-rise-35-percent-from-2019-20.aspx)
- [AAP Releases Updated Gun Violence Prevention Recommendations \(/English/news/Pages/firearms-violence-prevention-demands-a-public-safety-approach-like-regulation-of-motor-vehicles.aspx\)](/English/news/Pages/firearms-violence-prevention-demands-a-public-safety-approach-like-regulation-of-motor-vehicles.aspx)
- [Uvalde pediatrician recounts horror of school shooting, urges gun control advocacy \(https://publications.aap.org/aapnews/news/22431/Uvalde-pediatrician-recounts-horror-of-school?searchresult=1\)](https://publications.aap.org/aapnews/news/22431/Uvalde-pediatrician-recounts-horror-of-school?searchresult=1)
(AAP News)

About Dr. Schaechter:

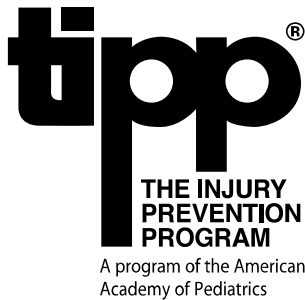


Judy Schaechter, MD, MBA, FAAP, is a Professor of Public Health Sciences at the University of Miami Miller School of Medicine and past president of the national Injury Free Coalition for Kids. She is a past member of the American Academy of Pediatrics Council on Injury, Violence and Poison Prevention Executive Committee.

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Safety Tips for Home Playground Equipment

- When purchasing home playground equipment, choose a set that is labeled as meeting safety standard ASTM F1148.
- Carefully supervise young children using playground equipment. Keep children from shoving, pushing, or fighting.
- The surface under playground equipment should be energy absorbent. Use safety-tested mats or loose-fill materials (such as shredded rubber, sand, wood chips, or bark) maintained to a depth of at least 9 inches.
- Install the protective surface at least 6 feet (more for swings and slides) in all directions from the equipment.
- Swing seats should be made of something soft, not wood or metal.
- Children should not twist swings, swing empty seats, or walk in front of moving swings.
- Put home playground equipment together correctly. It should sit on a level surface and be anchored firmly to the ground. You may need help from a professional to install the equipment properly.
- Cap all screws and bolts. Check periodically for loose nuts and bolts and broken, rusty, or sharp parts.
- Install playground equipment at least 6 feet from fences or walls.
- Check for hot metal surfaces on equipment, such as those on slides, which could cause burns.
- Never attach ropes, jump ropes, clotheslines, or pet leashes to playground equipment because children can strangle on them.
- Children should always wear shoes and should not wear helmets or clothing with drawstrings while playing.

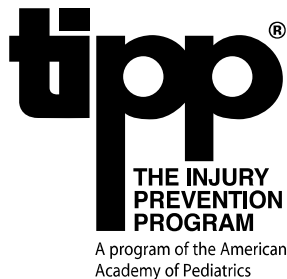
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Lawn Mower Safety

The power lawn mower is one of the most dangerous tools around the home. Each year, nearly 5,000 children are treated in emergency departments for injuries caused by power mowers. Older children and adolescents are most often hurt while cutting lawns as chores or as a way to earn money.

Lawn mower injuries include deep cuts, loss of fingers and toes, broken and dislocated bones, burns, and eye and other injuries. Some injuries are very serious. Both users of mowers and those who are nearby can be hurt.

To prevent lawn mower injuries to children, the American Academy of Pediatrics recommends the following:

- Try to use a mower with a control that stops the mower from moving forward if the handle is let go.
- Children and teens younger than 16 years should not be allowed to use ride-on mowers. Children younger than 12 years should not use walk-behind mowers.
- Make sure that sturdy shoes (not sandals or sneakers) are worn while mowing.
- Prevent injuries from flying objects, such as stones or toys, by picking up objects from the lawn before mowing begins. Use a collection bag for grass clippings or a plate that covers the opening where grass is released. Have anyone who uses a mower wear hearing and eye protection.
- Make sure that children are indoors or at a safe distance well away from the area that you plan to mow.
- Start and refuel mowers outdoors, not in a garage or shed. Mowers should be refueled with the motor turned off and cool.
- Make sure that blade settings (to set the wheel height or dislodge debris) are done by an adult, with the mower off and the spark plug removed or disconnected.
- Do not pull the mower backward or mow in reverse unless absolutely necessary, and carefully look for children behind you when you mow in reverse.
- Always turn off the mower and wait for the blades to stop completely before removing the grass catcher, unclogging the discharge chute, or crossing gravel paths, roads, or other areas.
- Do not allow children to ride as passengers on ride-on mowers.

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Trampolines: What You Need to Know

Trampolines are popular among children and teens and even among some adults. Though it may be fun to jump and do somersaults on a trampoline, landing wrong can cause serious, permanent injuries. Injuries can occur even when a trampoline has a net and padding *and* parents are watching. Read on for more information from the American Academy of Pediatrics (AAP) about common trampoline injuries and how they occur.

Common injuries

Thousands of people are injured on trampolines each year. Most of these injuries happen on home trampolines. Children younger than 6 years are at greatest risk of injury. Common injuries include

- Broken bones (Sometimes surgery is needed.)
- Concussions and other head injuries
- Sprains/strains
- Bruises, scrapes, and cuts
- Head and neck injuries (which can lead to permanent paralysis or death)

How injuries occur

Most trampoline injuries occur when there is more than one person using a trampoline. Children can get hurt when they

- Land wrong while jumping.
- Land wrong while flipping and doing somersaults (this should not be allowed because of the risk of head and neck injuries).
- Try stunts.
- Strike or are struck by another person.
- Fall or jump off the trampoline.
- Land on the springs or frame.

What you can do to keep your children safe

Don't buy a trampoline for your home! Trampolines may be popular and a fun way to get exercise, but there are safer ways to encourage your children to be physically active, such as playing catch, riding a bike (don't forget a bike helmet), or playing a team sport. The AAP recommends that mini and full-sized trampolines never be used at home, in routine gym classes, or on playgrounds. They should only be used in supervised training programs for gymnastics, diving, or other competitive sports. Only one person should be allowed on a trampoline at any given time.

If you choose to have a home trampoline, the AAP recommends the following safety precautions: adult supervision at all times, only one jumper on the trampoline at a time, and no somersaults should be performed. Also, trampolines should have adequate protective padding that is in good condition and appropriately placed. All equipment should be checked often and protective padding, the net enclosure, and any other parts should be repaired or replaced when damaged. Parents should check their homeowner's policy and obtain a rider to cover trampoline-related injuries if not included in the basic policy.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics

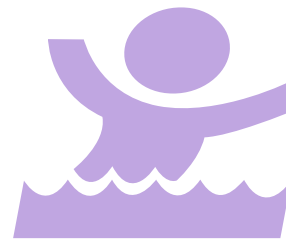
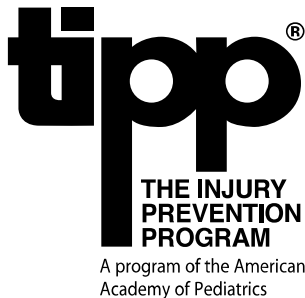


DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

American Academy of Pediatrics
Web site — www.HealthyChildren.org

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Water Safety for Your School-aged Child

Swimming and playing in water can give your child much enjoyment and good exercise. But you must take steps to prevent your child from drowning.

- Never let your child swim in any body of water without an adult watching. The supervising adult should be focusing all his or her attention on the child and not be using a phone, reading a book, or distracted in any way.
- Be sure the adult watching your child knows how to swim, get emergency help, and perform CPR.
- Keep a life preserver and shepherd's hook in the pool area to help pull a child to the edge of the pool if necessary.
- Teach your child safety rules and make sure they are obeyed.
 - Never swim alone. Lifeguards, supervising adults, and buddies can all help prevent drowning.
 - Never dive into water except when permitted by an adult who knows the depth of the water and who has checked for underwater objects.
 - Always use a life jacket when on a boat, fishing, or playing in a river or stream.
- Do not permit your child to walk or skate on ice unless an adult has checked that the ice is thick enough to be safe.
- Don't let young children and children who cannot swim use inflatable toys, water wings, or mattresses in water that is above the waist. These are toys, not safety devices.
- Watch children closely when they are playing near standing water, wells, open postholes, or irrigation or drainage ditches. If possible, get rid of standing water near your home.
- Teach your child to swim once he or she is ready. Some children may be ready to learn as early as age 1 year. All children should have the opportunity to learn swim skills by age 5 years.

From Your Doctor

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American Academy of Pediatrics

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Older children and teens need vaccines too!

2025 Recommended Immunizations for Children 7–18 Years Old

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



RECOMMENDED VACCINES	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS	16 YEARS	17 YEARS	18 YEARS
HPV												
Tdap												
Meningococcal ACWY												
Meningococcal B												
Influenza/Flu												
COVID-19												
Mpox												
Dengue												

KEY

- ALL children in age group should get the vaccine
- ALL children in age group can get the vaccine
- SOME children in age group should get the vaccine
- Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection or is pregnant.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses any vaccine recommended for their age or for babies and young children.

What diseases do these vaccines protect against?

7-18 YEARS OLD

VACCINE-PREVENTABLE DISEASE	DISEASE COMPLICATIONS	NUMBER OF VACCINE DOSES
HPV (Human papillomavirus) Contagious viral infection spread by close skin-to-skin touching, including during sex	Genital warts and many types of cancers later in life, including cancers of the cervix, vagina, penis, anus, and throat	2 or 3 doses
Tetanus (Lockjaw)* Infection caused by bacterial spores found in soil and dust everywhere; spores enter the body through wounds or broken skin	Seizures, broken bones, difficulty breathing, death	1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose for dirty wounds
Diphtheria* Illness caused by a toxin produced by bacteria that infects the nose, throat, and sometimes skin	Swelling of the heart muscle, heart failure, coma, paralysis, death	1 dose at age 11-12 years Additional doses if missed childhood doses
Pertussis (Whooping Cough)* Contagious bacterial infection of the lungs and airway; spread through air and direct contact	Infection of the lungs (pneumonia), death; especially dangerous for babies	1 dose at age 11-12 years Additional doses if missed childhood doses 1 dose every pregnancy
Meningococcal** Contagious bacterial infection of the lining of the brain and spinal cord or the bloodstream; spread through air and direct contact	Loss of arm or leg, deafness, seizures, death	2 doses. Additional doses may be needed depending on medical condition or vaccine used.
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Infection of the lungs (pneumonia), sinus and ear infections, worsening of underlying heart or lung conditions, death	1 dose each year 2 doses in some children aged 6months through 8 years
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	Infection of the lungs (pneumonia); blood clots; liver, heart or kidney damage; long COVID; death	1 or more doses of the current COVID-19 vaccine depending on health status. For more information: www.cdc.gov/covidschedule
Mpox Contagious viral infection spread through close, often skin-to-skin contact, including sex; causes a painful rash, fever, headache, tiredness, cough, runny nose, sore throat, swollen lymph nodes	Infected sores, brain swelling, infection of the lungs (pneumonia), eye infection, blindness, death	2 doses
Dengue Viral infection spread by bite from infected mosquito; causes fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death	3 doses

*Tdap protects against tetanus, diphtheria, and pertussis

**Healthy adolescents: Meningococcal ACWY vaccine (2 doses); Meningococcal B vaccine (2 doses if needed).

HPV (Human Papillomavirus) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

HPV (human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers, including:

- cervical, vaginal, and vulvar cancers in women
- penile cancer in men
- anal cancers in both men and women
- cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women

HPV infections can also cause anogenital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

2. HPV vaccine

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age.

HPV vaccine may be given to adults 27 through 45 years of age, based on discussions between the patient and health care provider.

Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. People who get the first dose at or after 15 years of age and younger people with certain immunocompromising conditions need 3 doses. Your health care provider can give you more information.

HPV vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of HPV vaccine**, or has any **severe, life-threatening allergies**
- Is **pregnant**—HPV vaccine is not recommended until after pregnancy

In some cases, your health care provider may decide to postpone HPV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting HPV vaccine.

Your health care provider can give you more information.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

4. Risks of a vaccine reaction

- Soreness, redness, or swelling where the shot is given can happen after HPV vaccination.
- Fever or headache can happen after HPV vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Meningococcal ACWY Vaccine:

What You Need to Know

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Meningococcal disease is rare and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who get it.

Anyone can get meningococcal disease. Certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2. Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 years of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people**:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “complement component deficiency”
- Anyone taking a type of drug called a “complement inhibitor,” such as eculizumab (also called “Soliris”®) or ravulizumab (also called “Ultomiris”®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to or living in a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls who have not been completely vaccinated with meningococcal ACWY vaccine
- U.S. military recruits



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CONTROL AND PREVENTION**

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination until a future visit.

There is limited information on the risks of this vaccine for pregnant or breastfeeding women, but no safety concerns have been identified. A pregnant or breastfeeding woman should be vaccinated if indicated.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccination.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle pain, headache, or tiredness.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Tdap vaccine can prevent **tetanus, diphtheria, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant women should get a dose of Tdap during every pregnancy, preferably during the early part of the third trimester, to help protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, **adults should receive a booster dose of either Tdap or Td** (a different vaccine that protects against tetanus and diphtheria but not pertussis) **every 10 years**, or after 5 years in the case of a severe or dirty wound or burn.

Tdap may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your health care provider may decide to postpone Tdap vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.



**U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION**

4. Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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