



# PTA Healthy Lifestyles: A Parent's Guide



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# Promote Healthy Lifestyles in Your Family

Like any parent, you want your children to be healthy, and you want your children to grow into healthy, happy adults. But how can you be sure you are doing the right things to cultivate lifelong healthy habits in your children? And do you really have the time to sort through all the information out there on health, nutrition, physical activity, etc.?

Probably not. That's why PTA, with the support of PTA Proud National Sponsor GlaxoSmithKline, has put together this booklet of up-to-date, reliable information on healthy lifestyles. The booklet focuses on key aspects of healthy lifestyles and tells you what you need to know, what you can do, and where you can go for additional information.

Hopefully, these pages will help you establish healthy habits in your family—habits that will stay with you and your children long into the future.

# Physical Activity

## What You Need to Know

Studies show that when children's exercise and fitness needs are met, children are more able to learn and achieve. Given the growing epidemic of obesity and the link between physical activity and academic performance, parents and schools must work together to make quality daily physical education a priority in schools and to give children more opportunities to be physically active throughout the school day.

Unfortunately, the trend is that children are becoming less physically active:

- \* In 1969, 42 percent of children ages 5 to 18 walked or biked to school; in 2001, only 16 percent did.<sup>1</sup>
- \* Almost all public elementary schools schedule physical education for their students, but only 17 to 22 percent (depending on grade level) provide physical education on a daily basis.<sup>2</sup>
- \* About two-thirds of young people in grades 9 to 12 are not engaged in recommended levels of physical activity. Daily participation in high school physical education classes dropped from 42 percent in 1991 to 33 percent in 2005.<sup>3</sup>
- \* In 2005, only about half of students in grades 9 to 12 attended physical education classes on one or more days in an average week when they were in school.<sup>4</sup>
- \* In 2005, more than a third of high schoolers reported watching three or more hours of television per day on an average school day.<sup>5</sup>

This inactivity is not only harming children's health but affecting children's academic success. Physical activity improves children's academic performance.

- \* Studies show that providing more time for physical activity (by reducing class time for academics) can lead to improved test scores, particularly in the area of mathematics.<sup>6,7</sup> Physical activity programs have also been linked to stronger academic achievement, increased concentration, and improved reading and writing test scores.<sup>8</sup>
- \* Children who have daily physical education classes exhibit better attendance and have a more positive attitude about school.<sup>9</sup>
- \* Children who spend less time in other subjects in order to allow for regular physical education have been shown to do *equally well or better* in academic classes.<sup>10</sup>

*Adapted in part, with permission, from Action for Healthy Kids, "Building the Argument: The Need for Physical Education and Physical Activity in Our Schools," [www.ActionForHealthyKids.org](http://www.ActionForHealthyKids.org).*

Children need to be physically active not only at school but also at home. Demonstrate the importance of physical activity by making exercise both a personal and a family habit. Take a family walk around the block each night after dinner. Schedule a weekly game of touch football in the park. Encourage your children to take advantage of local sports facilities. Or simply park as far away from store entrances as possible. Regular exercise will make the whole family healthier. Plus, exercising as a family is a great way to spend time together. Below is some advice to keep in mind as your family increases its daily physical activity.

## Setting Realistic Goals

Setting goals is an important step in starting a fitness program. Keep in mind that the goals you set should be reasonable and realistic. Using the SMART system will help you set reachable goals.

### Example of Setting a SMART Goal

<b>S</b> pecific	Be able to run three miles
<b>M</b> easurable	Log activity each week
<b>A</b> ction-oriented	Run/walk for 30 minutes three times a week
<b>R</b> ealistic	Run a 10-minute mile by the end of the month
<b>T</b> imely	I want to be able to do this by the end of the month

*Reprinted with permission from the President's Council on Physical Fitness and Sports, Get Fit and Be Active! A Handbook for Youths Ages 6–17, [www.fitness.gov](http://www.fitness.gov) and [www.presidentschallenge.org](http://www.presidentschallenge.org).*

## Phases of Exercise

**1. Warming up:** Before you exercise, you should always warm up your body. When you warm up your body, you increase your blood flow and get your muscles and joints ready to exercise. Most people are warmed up when they begin to sweat and breathe heavier. Warming up makes your muscles more limber and decreases your chance of being injured during exercise.

**2. Stretching:** Once you have warmed up, you can complete stretching exercises that will prepare your whole body. You should specifically target the muscles that will be used while you are actively exercising.

**3. Exercising:** Complete the exercise activities in which you choose to participate. Always make sure to take appropriate safety precautions (e.g., wear protective gear) and to exercise for a duration and at an intensity that is appropriate for your fitness level.

**4. Cooling down:** Once you have finished exercising, you are ready to cool down. It is just as important to cool down after exercise as it is to warm up before exercise. When you cool down, you should let your breathing return to normal. It is best to walk around for a few minutes to make sure your breathing is normal and to let your heartbeat slow down. After you have walked around for a few minutes following vigorous exercise, you are ready to begin your cool-down stretches.

Stretching again after you have cooled down will help prevent injuries, help increase your range of motion, and prevent soreness. You should complete the stretches you did before the exercise and add more stretches for the specific muscles worked.

*Reprinted with permission from the President's Council on Physical Fitness and Sports, Get Fit and Be Active! A Handbook for Youths Ages 6–17, [www.fitness.gov](http://www.fitness.gov) and [www.presidentschallenge.org](http://www.presidentschallenge.org).*

### **Bike Safety Tips**

Bicycling can be a great way for families to increase their amount of physical activity—and it's fun. The following tips can help you and your family stay safe on your bikes:

- Be sure to fix anything that might be broken or wrong with your bike.
- Always wear a bicycle safety helmet.
- Wear brightly colored clothing so that others can see you better.
- Remember: One seat = only one rider!
- Keep both hands on the handlebars.
- Walk your bike across busy intersections.
- Look left, right, left for traffic at stop signs and on driveways before riding out into the street.
- Obey traffic signs and lights.
- Ride on the right-hand side of the street in the same direction as the flow of automobile traffic.
- Always use hand signals when stopping or turning.
- Be aware of surrounding traffic.
- When riding with others, ride single file.

You should wear a helmet on every bike ride, no matter how short or how close to home. In the event of a fall or crash, bicycle helmets reduce the risk of brain injury by almost 90 percent. Nearly 75 percent of bicycle-related fatalities among children could be prevented if the children wore helmets.

*Reprinted with permission from AAA. [AAA.com](http://AAA.com)*

### Walk or Bike to School

Leading a “walking school bus”—walking groups of students to school—on a rotating basis with other parents can be a great way to help your kids increase their daily physical activity, especially if you have concerns about their safety. Also consider organizing a Safe Routes to School program to create a safer environment for children to walk and bike to and from school. Launch your program, or gauge your school community’s interest, with an event for Walk to School Day (observed in October). For more information about these programs, visit [www.walktoschool.org](http://www.walktoschool.org).

### What You Can Do

- \* Schedule regular times throughout the week for your family to be physically active. Help everyone find something active that they enjoy and feel successful doing.
- \* Have everyone write down personal goals; then track everyone’s progress. Place a chart on the refrigerator and update it regularly as a family.
- \* Use a pedometer to determine which activities require the most steps.
- \* Give physical activity–oriented gifts; keep the recipient’s skills, interests, and/or objectives in mind.
- \* Always use the stairs.
- \* Play upbeat music while you twist and shake through your chores.
- \* Discover what free and low-cost physical activity areas are near your home (e.g., parks, bike trails, hiking trails, tennis courts, swimming pools).
- \* Start a garden. Have family members plant vegetables, fruits, and flowers.
- \* Walk, jog, or run on a family treasure hunt.
- \* Host a sports party where you play traditional games like basketball, softball, volleyball, tetherball, etc.

*Adapted with permission from the National Association for Sport and Physical Education, 101 Tips for Family Fitness Fun, [www.aahperd.org/naspe/](http://www.aahperd.org/naspe/).*

## Where You Can Go

- \* Action for Healthy Kids, [www.ActionForHealthyKids.org](http://www.ActionForHealthyKids.org)
- \* National Association for Sport and Physical Education, [www.aahperd.org/naspe/](http://www.aahperd.org/naspe/)
- \* The President's Challenge Physical Activity and Fitness Awards Program, [www.presidentschallenge.org](http://www.presidentschallenge.org)
- \* PTA Parent Resources, Health and Wellness, [www.pta.org/parent\\_resources.html](http://www.pta.org/parent_resources.html)

<sup>1</sup> Centers for Disease Control and Prevention, "Then and Now—Barriers and Solutions," *KidsWalk-to-School*, [www.cdc.gov/nccdphp/dnpa/kidswalk/then\\_and\\_now.htm](http://www.cdc.gov/nccdphp/dnpa/kidswalk/then_and_now.htm) (accessed April 23, 2007).

<sup>2</sup> B. Parsad and L. Lewis, *Calories In, Calories Out: Food and Exercise in Public Elementary Schools, 2005* (NCES 2006–057), U.S. Department of Education (Washington DC: National Center for Education Statistics, 2006).

<sup>3</sup> Centers for Disease Control and Prevention, "Physical Activity and Good Nutrition: Essential Elements to Prevent Chronic Diseases and Obesity," *At a Glance*, 2007.

<sup>4</sup> Centers for Disease Control and Prevention, "Youth Online: Comprehensive Results," *Healthy Youth!*, <http://apps.nccd.cdc.gov/yrbss> (accessed April 23, 2007).

<sup>5</sup> Centers for Disease Control and Prevention, "Youth Online: Comprehensive Results," *Healthy Youth!*, <http://apps.nccd.cdc.gov/yrbss> (accessed April 23, 2007).

<sup>6</sup> R.J. Shephard, M. Volle, M. Lavalee, R. LaBarre, J.C. Jequier, and M. Rajic, "Required Physical Activity and Academic Grades: A Controlled Longitudinal Study," in *Children and Sport*, ed. Limarinen and Valimaki, 58–63 (Berlin: Springer-Verlag, 1984).

<sup>7</sup> R.J. Shephard, "Curricular Physical Activity and Academic Performance," *Pediatric Exercise Science* 9 (1997): 113–126.

<sup>8</sup> C.W. Symons, B. Cinelli, T.C. James, and P. Groff, "Bridging Student Health Risks and Academic Achievement Through Comprehensive School Health Programs," *Journal of School Health* 67, no. 6 (1997): 220–227.

<sup>9</sup> National Association for Sport and Physical Education/Council of Physical Education for Children, *Physical Education Is Critical to a Complete Education* (2001).

<sup>10</sup> James R. Morrow, Allen W. Jackson, and V. Gregory Payne, "Physical Activity Promotion and School Physical Education," *President's Council on Physical Fitness and Sports Research Digest*, September 1999.

# Nutrition

## What You Need to Know

Proper nutrition is key to leading a healthy life, and healthy eating habits are best formed during childhood. Parents can teach their children good eating habits by being positive role models in their own choices and by explaining to their children the importance of a balanced diet and how to choose healthy options from each food group. The U.S. Department of Agriculture's MyPyramid for Kids (see the insert or go to [www.mypyramid.gov](http://www.mypyramid.gov)) can be a useful resource for talking to your kids.

### Recommended Daily Portions

A child's age, gender, and activity level are all factors that determine how much he or she needs to eat every day to stay healthy. Boys and girls grow at different rates and thus may need more or less calories than each other, even when they are the same age. Daily food recommendations for children who exercise 30 minutes a day are provided here. For food intake recommendations for children with other activity levels, visit [www.mypyramid.gov](http://www.mypyramid.gov).

#### 2- to 3-year-olds

Food Group	Amount Per Day	Examples
Grains	3 ounces	1 ounce could be 1 slice of whole wheat bread, ½ cup of oatmeal, or ½ cup of brown rice
Vegetables	1 cup	Carrots, peas, sweet potatoes, zucchini <i>Give them a little at each meal and a variety!</i>
Fruits	1 cup	Strawberries or melon, or a small apple
Milk Products	2 cups	Low-fat milk or yogurt; 1½ ounces of cheese counts as 1 cup
Proteins	2 ounces	Lean cooked meat or chicken; 1 egg counts as 1 ounce

#### 4- to 8-year-olds

Food Group	Amount Per Day	Examples
Grains	4–5 ounces	1 ounce could be 1 slice of whole wheat bread, ½ cup of oatmeal, or ½ cup of brown rice
Vegetables	1½ cups	Carrots, peas, sweet potatoes, cucumber, tomatoes <i>Give them a little at each meal and a variety!</i>



Fruits	1½ cups	A small apple counts as 1 cup; a small banana counts as ½ cup
Milk Products	2 cups	Low-fat milk or yogurt; 1½ ounces of cheese counts as 1 cup
Proteins	3–4 ounces	Lean cooked meat or chicken; 1 egg counts as 1 ounce

**9- to 13-year-olds**

Food Group	Amount Per Day	Examples
Grains	6 ounces for boys; 5 ounces for girls	1 cup of ready-to-eat cereal counts as 1 ounce; 1 cup of cooked whole wheat pasta counts as 1 ounce
Vegetables	2½ cups for boys; 2 cups for girls	Green beans, asparagus, beets, kidney beans
Fruits	1½ cups	A large orange counts as 1 cup; a small banana counts as ½ cup
Milk Products	3 cups	Low-fat milk or yogurt; 1½ ounces of cheese counts as 1 cup
Proteins	5 ounces	Lean cooked meat or chicken; 1 egg counts as 1 ounce

**14- to 18-year-olds**

Food Group	Amount Per Day	Examples
Grains	7 ounces for boys; 6 ounces for girls	1 cup of ready-to-eat cereal counts as 1 ounce; 1 cup of cooked whole wheat pasta counts as 1 ounce
Vegetables	3 cups for boys; 2½ cups for girls	Green beans, asparagus, beets, kidney beans
Fruits	2 cups for boys; 1½ cups for girls	A large orange counts as 1 cup; a small banana counts as ½ cup
Milk Products	3 cups	Low-fat milk or yogurt; 1½ ounces of cheese counts as 1 cup
Proteins	6 ounces for boys; 5 ounces for girls	Lean cooked meat or chicken; 1 egg counts as 1 ounce

*Adapted from the Healthy Lifestyles at Home and School notebook, developed by PTA and Parents' Action for Children.*

## What You Can Do

Serving healthy snacks to our children is important to providing good nutrition for growth and development, supporting lifelong healthy eating habits, and preventing costly and potentially disabling diseases, like heart disease, cancer, diabetes, high blood pressure, and obesity.

Snacks are a bigger part of kids' diets than in the past, and can make positive or negative contributions to kids' diets—depending on the choices we offer. Below are ideas of healthy drinks and snacks to serve to children.

### Healthy Foods

\* **Fruits and vegetables:** *Almost all of the snacks served to children should be fruits or vegetables.* Do taste tests, or let kids choose (or vote for) new fruits and vegetables to try. Fruit can be served whole, sliced, cut in half, cubed, or in wedges. Canned, frozen, and dried fruits are easy and usually need little preparation. Healthy options include fresh fruits and vegetables; frozen fruit; applesauce; fruit cups or canned fruit (in juice or light syrup); dried fruit and fruit leathers (without added sugars); fruit salad; fruit juice popsicles; and homemade smoothies. Vegetables can be served with dips like hummus, bean dip, or salad dressing; in salads; or as veggie pockets in whole wheat pita.

\* **Healthy grains (whole grains that are low in fats and sugars):** Serve mostly whole grains, which provide more fiber, vitamins, and minerals than refined grains do. (*Whole* wheat [or other whole grain] should be the first ingredient listed.) Healthy whole grain options can include English muffins, pita, or tortillas; breakfast cereal; crackers; rice cakes; popcorn; tortilla chips; granola; cereal bars; breadsticks; or flatbreads. Refined grains, such as pretzels and goldfish, should not be everyday offerings. Be sure to read nutrition labels to pick options that are low in sugars, saturated fat, and trans fat.

\* **Low-fat dairy foods:** To protect children's bones and hearts, make sure all dairy foods are low-fat or fat-free, such as yogurt and low-fat pudding. Since cheese is the number two source of heart-damaging saturated fat in children's diets, choose lower-fat cheeses, serve small portions, and serve cheese with other foods, like fruit, vegetables, or whole grain crackers.

\* **Nuts and trail mix:** Since nuts are high in calories, it is best to serve small portions (a small handful) and serve them along with another snack, such as fruit.

## Healthy Beverages

- \* **Water:** *Water should be the main drink served to kids at snack times.* Water satisfies thirst without adding calories or sugars (and it is low-cost!).
- \* **Seltzer or sparkling water:** Look for calorie-free varieties, flavored or unflavored.
- \* **Low-fat and fat-free milk:** Milk is a terrific source of calcium and vitamin D, but it is also the number one source of heart-damaging saturated fat in children's diets. Choose fat-free (skim) or low-fat (1%) instead of whole or 2% (reduced-fat) milk. Soy and rice "milks" (fortified with calcium and vitamin D) also are healthy options.
- \* **Fruit juice:** Choose only 100% fruit juice, but limit juice to no more than 6 ounces (a little less than a cup) for 1- to 6-year-olds and no more than 12 ounces (1½ cups) for 7- to 18-year-olds. Avoid juice drinks, which, nutritionally, are no better than soda pop. The label should list 100% juice. Avoid drinks with sugar or high fructose corn syrup in the ingredient list.

*Reprinted with permission from the Center for Science in the Public Interest, "Healthy Snacks for Children," [www.cspinet.org](http://www.cspinet.org).*

## Where You Can Go

- \* Center for Science in the Public Interest, [www.cspinet.org/nutritionpolicy/](http://www.cspinet.org/nutritionpolicy/)
- \* MyPyramid, [www.mypyramid.gov](http://www.mypyramid.gov)
- \* PTA Parent Resources, Health and Wellness, [www.pta.org/parent\\_resources.html](http://www.pta.org/parent_resources.html)

# Grocery Shopping

## What You Need to Know

Advertisements and marketing messages reach young consumers through a variety of vehicles—television, radio, magazines, music, the Internet, etc.—in many different venues, including homes, schools, child-care settings, grocery stores, shopping malls, theaters, sporting events, and airports. It is important for parents to be aware of how ads and marketing messages influence their families' habits.

Food and beverage marketing, among other factors, has been found to influence the preferences and purchase requests of children ages 2 to 11, in addition to influencing their short-term consumption patterns. Moreover, the foods being marketed to children and youth are not in line with recommended healthful diets. "Food and beverage advertising on television influences children ages 2–11 years to prefer and purchase high-calorie and low-nutrient foods and beverages," states the Institute of Medicine's *Food Marketing to Children and Youth: Threat or Opportunity?* report overview.

Parents need to educate their children about the way advertising may influence their purchases. According to the Institute of Medicine, "Of the more than \$200 billion children and youth collectively spend annually, the top four leading items children ages 8–12 years select, without parental permission, are high-calorie and low-nutrient foods and beverages." In addition, "Foods and beverages, particularly candy, carbonated soft drinks, and salty snacks or chips, were ranked among the top leading items that teens ages 13–17 years old purchase with their own money." By educating your children about nutrition and advertising techniques, however, you can act as a counterinfluence on your children's purchasing decisions.

A Kaiser Family Foundation report titled *It's Child's Play* explored the online marketing of food to children and found that "The vast majority (85%) of the leading food brands that target children on TV are also either directly targeting children on the Internet or providing online content likely to be of interest to them."

## What You Can Do

### Pay Attention

When at the grocery store, or when deciding where to stop to pick up a quick dinner, pay attention to your instincts and consider your choices carefully. Are you choosing a product that might not be as healthy as another simply because the packaging is attractive or its advertising campaign is clever? Figuring out why you are inclined to make certain purchases is the first step in overcoming impulses prompted by advertisements and becoming a smarter shopper.

### Talk to Your Kids

Kids, especially young kids, don't yet understand the persuasive intent behind advertisements. As a parent, it's your job to help your children learn how ads try to affect the choices they make in their daily lives. The prevalence of ads means there are many opportunities to talk about this. When watching television together or listening to the radio in the car, ask your children about the products in the ads and how the ads are persuading the audience to buy that particular brand. When at the store, take a look at packaging and the placement of different items and discuss how this may make you notice some brands over others.

### Make a List

To cut down on impulse purchases and the "nag factor" from your kids, make a list before you head out to the supermarket. If your children are along for the trip, make sure they have eaten before you shop, and make it clear to them before you enter the store that you are buying only the items on your list, and only certain brands that you know to be healthier options. Once in the store, give your children portions of the list and have them help you find the items.

### Do Your Homework

It may not always be easy to judge how healthy the different items on a restaurant menu are. Many restaurants, however, especially large chains, post the nutrition details of their menu options online, or will give them to you upon request in the restaurant. Take a careful look before you go; you may be surprised at what you learn about the nutritional content of the meals and decide to make different choices. Decide in advance what you will order.

### Hold a Taste Test

For the staple products that your family always has on hand, buy a couple different brands and hold a blind taste test in your kitchen. This is especially important when there is one brand that is significantly healthier than another, or when there are two equally healthy options but one is a name brand and the other is a generic or store brand. Once your family members have decided which option tastes best, reveal the brands and discuss whether their selections matched their (and your) expectations. Did a package make you think a certain brand would be better? Does the healthier brand actually taste better?

### Where You Can Go

- \* The Henry J. Kaiser Family Foundation, [www.kff.org](http://www.kff.org)
- \* Institute of Medicine of the National Academies, [www.iom.edu](http://www.iom.edu)

# School Wellness Policies

## What You Need to Know

Under the Child Nutrition and WIC Reauthorization Act of 2004, school districts that participate in the National School Lunch Program and/or School Breakfast Program (nearly all U.S. school districts participate in these programs) are required to develop and implement local school wellness policies that address student nutrition and physical activity issues. According to the law, local wellness policies were to be developed by the beginning of the 2006–2007 school year, when the implementation phase was to begin. Currently, there are no consequences specifically stated in the legislation for districts that do not comply with these requirements, but districts should recognize that implementing a wellness policy is a tangible way to demonstrate concern for and improve students' health.

### What Should Be Included in a School Wellness Policy?

- Nutrition education goals
- Physical activity goals
- Nutrition guidelines for all foods available on the school campus
- Ways for parents, students, school administrators, the school board, and the school food authority, as well as the general public, to get involved in developing the wellness policy
- Other school-based activities designed to promote student wellness
- Plans for evaluating the school wellness policy

### What You Can Do

To learn the status of your school district's wellness policy, contact your district office and ask to speak to the person overseeing the creation of the policy.

- \* Find out whether any parents are (or were) involved in the process of creating the policy. If you find that parents are (or were) not involved, work with the school district to find a way for you and other parents to get involved.
- \* Find out what the next steps in the district's plan are. What activities are planned for implementation? Does your school or district have a wellness council or another group that will be responsible for implementation? Is the PTA represented?

### Where You Can Go

- \* Action for Healthy Kids, Wellness Policy Tool, [www.ActionForHealthyKids.org/wellnesstool/](http://www.ActionForHealthyKids.org/wellnesstool/)
- \* National Alliance for Nutrition and Activity, Model School Wellness Policies, [www.schoolwellnesspolicies.org](http://www.schoolwellnesspolicies.org)
- \* U.S. Department of Agriculture, Team Nutrition, [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)



# Vaccinations

## What You Need to Know\*

Vaccinations help protect children from serious diseases. As an infant and toddler, your child may have received a number of recommended vaccinations as advised by your child's doctor. Your child may also have received vaccinations before entering preschool or kindergarten.

The vaccinations recommended for children ages 4 to 6 years include the final doses of four vaccines started earlier in life:

- \* The childhood diphtheria, tetanus, and pertussis vaccine (also known as DTaP)
- \* The inactivated poliovirus vaccine (or IPV)
- \* The measles, mumps, and rubella vaccine (MMR)
- \* The varicella vaccine (which can help protect against chicken pox)

But did you know that protection against some diseases wears off as children enter the preteen and teen years?

One vaccination that wears off is DTaP, given during infancy and early childhood to help protect against diphtheria, tetanus, and pertussis (whooping cough). Health experts recommend that adolescents 11 to 18 years of age who completed the childhood diphtheria, tetanus, and pertussis vaccination series receive the Tdap booster shot for continued protection against these diseases. The preferred age for the Tdap shot is 11 to 12 years. The booster shot "boosts" the protection of the vaccinations the adolescents received when they were younger.

Whooping cough is a serious disease that spreads easily. Outbreaks often start in middle and high schools where students are in close contact with one another. One study showed that preteens and teens with whooping cough miss an average of more than one week of school due to the disease. In addition, preteens and teens are often the source of infection for infants who have not yet received all their shots for whooping cough. In rare cases, infants can die from the disease.

*\* Always talk to your child's health-care provider before making any decisions about whether or not your child should receive a certain vaccination. Discuss the risks and benefits of having or not having the vaccination.*

*The vaccinations and schedules discussed in this section are recommended by the Department of Health and Human Services Centers for Disease Control and Prevention ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)). For more information about vaccines, visit the websites listed under "Where You Can Go."*

To help prevent your child from catching whooping cough and other vaccine-preventable diseases, make sure your child gets the recommended shots for his or her age group. In addition to getting scheduled shots, your child may need to catch up on missed shots or shots that were not available when he or she was younger. Your child's health-care provider or school nurse can provide information on the vaccinations your child may need, as well as on the diseases the vaccinations protect against.

## Recommended Vaccinations for Adolescents

Below are descriptions of several important vaccinations health experts recommend for adolescents:

- \* The tetanus, diphtheria, and pertussis (whooping cough) shot, Tdap, is a single booster shot that helps protect against all three of the diseases mentioned. Experts recommend that adolescents 11 to 18 years old get this shot, with the preferred age being 11 to 12 years. Adolescents who have previously received the Td booster (for tetanus and diphtheria) but not the Tdap should typically wait five years and then get the Tdap booster.
- \* The human papillomavirus shot, HPV, is given to girls to help protect them against certain types of the human papillomavirus, which can cause cervical cancer. Experts recommend that girls receive the first shot of the three-shot series at age 11 or 12 years, the second shot two months after the first, and the third shot six months after the first.
- \* The meningococcal shot MCV4 helps protect against meningococcal disease. Experts recommend that adolescents get this single shot at age 11 or 12 years, or when they enter high school (at around age 15) if they did not get the shot before. This shot should also be given to college freshmen living in dormitories if they have not received the vaccine previously.

## What You Can Do

- \* Talk to your child's health-care provider and the school nurse about the recommended and required shots for your child.
- \* Take your child to the doctor for a checkup.
- \* Make sure your child is up-to-date on the recommended shots for his or her age group.
- \* Keep a record of the shots your child gets and the dates he or she gets them.

## Where You Can Go

- \* American Academy of Family Physicians, [www.aafp.org](http://www.aafp.org)
- \* American Academy of Pediatrics, [www.aap.org](http://www.aap.org)
- \* Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
- \* Children's Hospital of Philadelphia Vaccine Education Center, [www.vaccine.chop.edu](http://www.vaccine.chop.edu)
- \* National Association of School Nurses, [www.nasn.org](http://www.nasn.org)

*This information provided courtesy of PTA Proud National Sponsor GlaxoSmithKline Vaccines.*



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