

COMPLETE AND RETURN TO DAY CARE/CAMP CENTER . State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA PLEASE PRINT

Step 1

Child's Name (Last, First, Middle)	Date of Birth (month/day/year)	Area Code/Phone Number
Parent/Guardian/Legal Custodian (last, First, Middle Initial)	Address (Street, Apartment Number, City, State, Zip)	

Step 2

IMMUNIZATION HISTORY List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose mm/dd/yyyy	Second Dose mm/dd/yyyy	Third Dose mm/dd/yyyy	Fourth Dose mm/dd/yyyy	Fifth Dose mm/dd/yyyy
Diphtheria-Tetanus-Pertussis (Specify DTP,DTaP or DT)					
Polio					
Hib (Haemophilus <i>Influenza</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required ONLY if the child has NOT had the chickenpox disease					

Has your child had the Varicella (chickenpox) disease? Check the appropriate box & provide the year if known.
 YES _____ year (Vaccine is not required) **NO or UNSURE** (Vaccine is required)

Step 3

REQUIREMENTS The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at daycare/camp entrance. Children who reach a new age/grade level while attending care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
	DTP/DTaP/DT	Polio	Hib	PCV	Hep B	MMR	Varicella
5 months through 15 months	2	2	2	2	2		
16 months through 23 months	3	2	3 ¹	3 ²	2	1 ³	
2 years through 4 years	4	3	3 ¹	3 ²	3	1 ³	1
At kindergarten entrance (PCV)	4 ⁴	4			3	2 ³	2

¹ If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age. (Note: a dose 4 days or less before the first birthday is also acceptable)
² If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³ MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the first birthday is also acceptable).
⁴ Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the first birthday is also acceptable).

Step 4

COMPLIANCE DATA AND WAIVERS - IF THE CHILD MEETS ALL REQUIREMENTS (sign at step 5) OR IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box)

Although the child has not received all required doses of vaccine for his/her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccine for this child **WITHIN ONE YEAR** and to notify the daycare/camp in writing as each dose is received.
NOTE: Failure to stay on schedule or report immunizations to the daycare/camp may result in court action against the parents and up to a fine of \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in Step 2 any immunizations already received)

Physicians Signature Required _____ Date Signed _____

For religious reasons this child should not be immunized (List in Step 2 any immunizations already received)

For personal conviction reasons this child should not be immunized (List in Step 2 any immunizations already received)

Step 5

SIGNATURE To the best of my knowledge this form is complete and accurate.
 At this time there are no updates to last year's immunization records.

Parent/Guardian/Legal Custodian _____ Date _____

JR. Camp/Quad Immunization Record – page 2

NEW CAMPERS:

Please remember to attach a copy of your child's immunization record if you did not list them on page 1.

RETURNING CAMPERS:

If your child received new immunizations, please remember to attach a copy of the updated record if you did not list them on page 1.

****Don't forget to sign page 1****