

FRANCIS HOWELL EARLY CHILDHOOD FAMILY EDUCATION CENTER

IMMUNIZATION AGREEMENT

Rev 1/10

Child's Name _____ Date of Birth _____

I fully understand that Missouri law requires all children to be immunized against certain diseases in order to attend school. Furthermore, I have read the information below that explains the legal requirements, and I agree to:

___ Provide the school nurse a XEROXED COPY of my child's immunization record or

___ Arrange for my child be immunized as required by law, or

___ Sign the Missouri Division of Health Parent/ Guardian Exemption Form (IMM. P. 11 - 7/77) which must be renewed annually and placed on file with the school immunization health record.

___ My child was enrolled last year at _____, a new copy is not needed.

I further understand that if the above requirement is not completed by the first day of school, my child/children will not be allowed to attend until all requirements have been met.

PLEASE ATTACH A PHYSICIAN'S COPY OF YOUR CHILD'S IMMUNIZATION RECORD (The Missouri State Law requires all immunizations to be up to date before a child may enroll to attend school.) Your child is required to have the following immunizations:

4 Pneumococcal vaccines

4 - DTP/DTAP

3 - Polio

3 - Hepatitis B

1 - MMR

1 or more Hib

Varicella (Chicken Pox) Vaccine

or a written note from a Physician verifying month/year of chickenpox disease

PARENT SIGNATURE _____ DATE _____

Notify the nurse's office of any changes during the school year.