



January 2016

Dear Parents of Students in Colorado Child Cares and Preschools (School Year 2016-17),

Immunizations are an important part of our children's and the community's health. Colorado law requires children attending a licensed child care or preschool to be immunized against certain vaccine-preventable diseases. **The purpose of this letter is to remind parents about the need for back-to-school immunizations and to provide immunization information.** The chart on page 2 shows which vaccines are **required** for child care and preschool attendance, along with **recommended** vaccines which provide more protection against vaccine-preventable disease. **There are no changes to the vaccines required from the previous school year.** It is helpful to share this letter with your child's healthcare provider or your local public health agency (LPHA) where your child receives immunizations.

Colorado follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices schedule. This schedule is approved by the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. This is the immunization schedule which will best protect your child from vaccine-preventable diseases and is the national standard for health care providers who vaccinate your children.

Starting **July 1, 2016**, parents/guardians seeking non-medical (religious or personal belief) exemptions for pre-kindergarten children attending child care or preschool must submit non-medical exemption forms at each age when required vaccines are due: 2 months, 4 months, 6 months, 12 months and 18 months of age. Medical exemptions only need to be submitted once and require the signature of your child's doctor or advanced practice nurse. To submit a non-medical or medical exemption, go to www.colorado.gov/vaccineexemption and follow the instructions. Children with an exemption may be kept out of child care or preschool during a disease outbreak.

Parents may have questions or want more information about children's immunizations and vaccine safety. Resources for parents about the safety and importance of vaccines are available at: www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.

Colorado law requires child cares and preschools to provide school-level immunization and exemption information to the Colorado Department of Public Health and Environment (CDPHE) by December 1, 2016. Immunization and exemption rates for most child cares and preschools will be posted on the CDPHE website as soon as they are verified. Many parents, especially those with children who can't be vaccinated due to a medical issue, may want to know which schools are best protected against vaccine preventable disease.

Please discuss your child's vaccination needs with your child's healthcare provider or LPHA and bring your child's updated immunization records to school each time your child receives an immunization. To find your LPHA or learn about free or low cost vaccines, call the Family Health Line at 1-303-692-2229 or 1-800-688-7777. **For questions about school immunization requirements, please contact your school.**

Sincerely,

Jamie D'Amico, RN, MSN, CNS
CDPHE Immunization Branch - Schools and Community Coordinator
303-692-2957 | jamie.damico@state.co.us
www.coloradoimmunizations.com



Child Care Immunization Chart

2016-17 Vaccines Required for Child Care, Preschool and K-Entry

1. This chart is a “guide” for childcare providers or parents/guardians to determine which vaccines children are required to have in order to be in compliance with state immunization requirements. Select the appropriate age range for the student from the left hand column. The number of required doses is located in each of the columns and vaccines are listed across the top of the page. Review the student’s immunization record with this chart to make sure they have at least the number of doses required. Colorado Board of Health has accepted the Advisory Committee on Immunization Practices (ACIP) schedule for those immunizations already “required” for attendance. Immunizations that are not required but recommended include: Rotavirus, Hepatitis A and Influenza vaccines.
2. Please follow the ACIP Immunization Schedule for specific guidance at: www.coloradoimmunizations.com, and click on Immunization Schedules.
3. If the student does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification, the parent/guardian is to obtain the required vaccine(s) or makes a plan to do so providing written documentation of that plan.
4. Colorado law allows for medical exemptions to be signed by a healthcare provider and non-medical exemptions (religious or personal) to be submitted by a parent/guardian.

Age of Child	# of required doses DT, DTP, or DTaP <i>Diphtheria, Tetanus and Pertussis</i>	# of required doses IPV <i>Polio</i>	# of required doses MMR <i>Measles, Mumps and Rubella</i>	# of required doses Hib <i>Haemophilus influenzae type b</i>	# of required doses Hep B <i>Hepatitis B</i>	# of required doses Varicella <i>Chickenpox</i>	# of required doses PCV13 <i>Pneumococcal Disease</i>
By 1 mo.	-	-	-	-	1 [♣]	-	-
By 3 mos.	1	1	-	1	2 [♣]	-	1~
By 5 mos.	2	2	-	2	2 [♣]	-	2~
By 7 mos.	3	2	-	3/2♥	2 [♣]	-	3/2~
By 16 mos.	3	2	1+	4/3/2/1♥	2 [♣]	1*	4/3/2~
By 19 mos.	4	3	1	4/3/2/1♥	3 [♣]	1	4/3/2~
By 2 years	4	3	1	4/3/2/1♥	3 [♣]	1	4/3/2/1~
By K Entry	5/4♦	4/3♣	2		3 [♣]	2	-

- ♣ Five doses of DTaP vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4).
- ♣ Four doses of Polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age. A 4th dose is not required if the 3rd dose was administered at age 4 years or older and at least 6 months after the 2nd dose.
- + The first dose of MMR, vaccine given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1st dose of MMR be given between 12 -15 months of age. The student is out of compliance if no record of MMR at 16 months of age.
- ♥ The number of Hib doses required depends on the child’s current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at, or over, 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the student’s current age is 5 years or older, no new or additional doses are required. The number of doses and the intervals may vary depending on the type of Hib vaccine.
- ♣ The Hep B vaccine is the only immunization that can be given as a birth dose. The 2nd dose of Hep B is to be given at least 4 weeks after the 1st dose; 3rd dose to be given at least 16 weeks (4 months) after 1st dose; and last dose to be given at least 8 weeks after 2nd dose and at (24 weeks) almost 6 months of age or older.
- * If a child has had chickenpox disease and it is documented by a health care provider, that child has met the Varicella requirement. Varicella given more than 4 years before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends 1st dose between 12 - 15 months. The student is out of compliance if the 1st dose is not given at 16 months of age.
- ~ The number of doses of PCV13 depends on the student’s current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the student will receive 3 doses (2, 4 & 6 months) at least 4 -8 weeks apart, and booster dose between 12 - 15 months, at least 8 weeks after last dose. If started between 7 to 11 months of age, the student will receive 2 doses, at least 8 weeks apart, and a booster dose between 12 to 15 months of age. If the 1st dose was given between 12 to 23 months of age, 2 doses, at least 8 weeks apart, are required. Any dose given at 24 months through 4 years of age, the PCV vaccine requirement is met. No doses are required once the student turns 5 years of age.

Health Questionnaire
Woodland Park School District RE2
ALL STUDENTS RETURNING OR NEW TO THE DISTRICT MUST COMPLETE THIS FORM

Has your child attended school in Woodland Park School District in the past? Yes No
 When was the last year your child attended school here? _____ What Grade? _____

 Student's Name M F Birth Date _____ Grade _____ Today's Date _____

Health Concerns (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Bone/Joint Disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Ulcer/Stomach Problems |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Hearing Problem |
| <input type="checkbox"/> Speech Problems | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Wears Glasses/Contacts |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Allergies [PLEASE LIST] |
| <input type="checkbox"/> Asthma [diagnosed by doctor] | _____ |
| <input type="checkbox"/> Frequent Headaches | _____ |
| <input type="checkbox"/> Migraines [diagnosed by doctor] | _____ |

If your child has any of the above health conditions or any other physical or emotional health concerns such as ADHD, ADD, Bipolar Disorder etc. not listed above, please describe below:

Is your child taking any medications [prescription or over-the-counter]? Yes NO
 Name any medication[s] and what they are prescribed for:

Does this medication need to be given at school Yes No

[IF YES PLEASE REQUEST A PERMISSION FORM REQUIRED FOR MEDICATIONS AT SCHOOL]

Please initial here if your child can be given or offered sunscreen by school personnel: _____

List any recent immunization booster [s] and date[s] received: _____

Has your child had Chicken Pox? Yes No If yes, please indicate date: _____

Has your child received the Chicken Pox {Varicella} Vaccine? Yes No

Has your child had any serious illnesses, operations or injuries? Yes No

If yes, please indicate date and describe:

Does your child have any requirements for special attention at school because of health problems [diet, limited activities, etc.]? Yes No

If yes, please describe:

THE SCHOOL HAS MY PERMISSION TO RELEASE PERTINENT MEDICAL INFORMATION TO APPROPRIATE PERSONNEL

 Parent/Guardian Signature Date EMERGENCY NUMBER

****EMERGENCY MEDICAL PERMISSION:** In the event that neither parent/legal guardian can be reached, a representative of the school has my permission to seek emergency medical treatment for my child. YES NO

 Parent/Guardian Signature Date