

SCHOOL DISTRICT OF HARTFORD JOINT NO. 1

DEDICATED TO THE SUCCESS OF EACH STUDENT

CITY OF HARTFORD, TOWNS ADDISON, ERIN, HARTFORD – WASHINGTON COUNTY • TOWNS ASHIPUN, RUBICON – DODGE COUNTY

HARTFORD, WISCONSIN 53027

Student Name: _____ Birthdate: _____ Grade: _____ School: _____

Parent Name: _____ School Year: 2009-10

Varicella (Chickenpox) Vaccine (2 doses) is required **only** if your child has not had the chicken pox disease. Please check the appropriate box regarding your child's history.

My child had Varicella (Chicken pox) disease.

Please provide month and year if known _____
(Month/Year)

My child did not have Varicella (Chicken pox) disease

I am not sure if my child had Varicella (Chicken pox) disease

Varicella (*minimum 4 weeks between doses*)

(Dose 1) Date Received: _____ (Dose 2) Date Received: _____

Tdap (Adolescent booster of tetanus, diphtheria, and acellular pertussis vaccine) Date Received: _____
(must be received on or after child's 11th birthday)

Step 1

IF STUDENT MEETS REQUIREMENTS FOR TDAP AND VARICELLA

Sign at Step 2 and return this form to school.

Or

IF STUDENT DOES NOT MEET ALL REQUIREMENTS FOR TDAP AND VARICELLA

Check the appropriate box below, sign at Step 2, and return this form to school. PLEASE NOTE THAT INCOMPLETLEY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS

For health reasons this student should not receive the following immunizations _____

SIGNATURE – Physician

Date Signed

For religious reasons this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED : _____

SIGNATURE

Step 2

This form is complete and accurate to the best of my knowledge.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed