



CHILD CARE IMMUNIZATION RECORD WAIVER

Please check the appropriate box below, sign and return this form to the Child Care Branch.

- Although my child has not received all the 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 vaccines for this child **within one year** and to provide the date of each immunization as it is received.
- For health reasons my child will not receive the following immunizations and my child's physician has provided the required signature.

Physician's Signature _____ Physician's Printed Name _____

- For religious reasons my child will not be immunized.
- For personal conviction reasons my child will not be immunized.

Please initial next to the following statements acknowledging you've read and agree.

- ___ To the best of my knowledge this form is completed and accurate. I understand that it is my choice to have my child participate if a communicable disease has been reported at the child care site in which my child attends.
- ___ I am responsible for any resulting effects this may have on my child.

Signature Parent/Guardian

Date Printed

Parent/Guardian Printed Name