



# 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