



HOPE LUTHERAN DAY SCHOOL

A MINISTRY OF HOPE LUTHERAN CHURCH

LIC # 410509589

Volunteer Immunization Record

Child's Name: _____

Parent's Name: _____

To comply with Child Care Licensing Regulations, the following immunization requirements need to be met in order **to volunteer in your child's classroom or participate in school activities** (Easter Egg Hunt, Harvest Carnival, Thanksgiving Lunch etc.) or field trips. Please provide the necessary paperwork, which verifies the following:

1. TB Skin Test _____
2. Pertussis Vaccine (part of TDaP) _____
3. Measles (part of MMR) _____
4. Influenza _____

Lists of Exemptions from Immunizations:

- Medical Exemption (Physician)
- Proof of Immunity (Physician)
- Written statement declining the influenza vaccine. This only applies to flu vaccine.

Received by: _____
(Preschool Staff Signature)

Date: _____