



Parent/Volunteer Immunization Release

Parent/Guardian Name:	Child Name:
Center:	
Immunizations Submitted: (Please check)	<input type="checkbox"/> TDaP <input type="checkbox"/> Tuberculosis Test/XRay Clearance <input type="checkbox"/> MMR <input type="checkbox"/> Flu Vaccination (written decline)

I understand that in order to volunteer at my child's school, SB 792 requires that I provide immunization records for the above listed vaccinations. At the request of the center, I have provided the necessary vaccination(s)/immunization record(s). I understand that additional information may be requested to confirm vaccinations and/or to determine clearance.

Parent/Guardian Name(Printed): _____ Signature: _____

Staff Name/Signature: _____ Date: _____



Parent/Volunteer Immunization Release

Parent/Guardian Name:	Child Name:
Center:	
Immunizations Submitted: (Please check)	<input type="checkbox"/> TDaP <input type="checkbox"/> Tuberculosis Test/XRay Clearance <input type="checkbox"/> MMR <input type="checkbox"/> Flu Vaccination (written decline)

I understand that in order to volunteer at my child's school, SB 792 requires that I provide immunization records for the above listed vaccinations. At the request of the center, I have provided the necessary vaccination(s)/immunization record(s). I understand that additional information may be requested to confirm vaccinations and/or to determine clearance.

Parent/Guardian Name(Printed): _____ Signature: _____

Staff Name/Signature: _____ Date: _____

REFUSAL OF FLU VACCINATION

SB 792 REQUIREMENTS

Date: _____, 2017

To whom it may concern:

I _____, will be utilizing my option to decline the flu vaccination at this time due to my personal beliefs.

I _____, will be obtaining my flu vaccination at a later time when it is offered by my healthcare provider. I will provide verification once received.

Staff Signature/Date

Center Name: _____

Program Year: 2017/2018