

# IMMUNIZATION RECORDS

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

## Immunizations Current? \* (**Please Check One**)

\*According to Public School Standards

**Yes** (*if yes please check all the immunizations camper has received*)

Diphtheria/Tetanus/Pertussis (DTAP/DTP/DT/Td/Tdap)

Polio

Measles, Mumps & Rubella (MMR)

Hepatitis B

Varicella (Chicken Pox)

Meningococcal (Meningitis)

Hepatitis A

Other: \_\_\_\_\_

**No**

**Do not immunize for medical reasons**

**Do not immunize for personal reasons**

**Do not immunize for religious reasons**

Is camper currently under a doctor's care?

Yes     No

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_