LITTLE MIRACLES MONTESSORI
IMMUNIZATION & HEALTH REQUIREMENTS

Child's Name			Date of Birth		
IMMUNIZATIONS	DATE ADMINISTERED	DATE ADMINISTERED	DATE ADMINISTERED	DATE ADMINISTERED	DATE ADMINISTERED
Hep-B Hepatitis B					
DTaP Diphtheria, Tetanus, Pertusis					
Hib Haemophilus Influenza					
IPV Polio					
PCV7 Pneumococcal Conjugate					
MMR Measles, Mumps, Rubella					
Hep-A Hepatitis A					
Chicken Pox Varicella					

Physician's Verification Must Be Submitted

Date of Illness:	Measles	Mumps

NOTE: You may submit a machine copy of an immunization record signed or stamped by a physician or health care professional.

Signature of Physician or Health Care Professional _____ Date _____

Signature of Staff Making Handwritten Copy of Record _____ Date _____

Printed name of Physician or Health Care Professional _____

ADMISSION REQUIREMENT: One of the following must be presented when your pre-school child is admitted to LMM. Please check below to indicate the option you select:

_____ Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to participate in the day care program.

Physician's Signature _____ Date _____

_____ A form or written statement from health service or clinic.

IF YOU DO NOT HAVE ANY OF THE ABOVE ADMISSION REQUIREMENTS:

_____ Parent's statement: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

Name and Address of Physician: _____

Within the next twelve (12) months, I will submit to LMM either (a) a physician's statement or (b) a statement from a health service or clinic.

OR

My child has an appointment for a physical examination on this date: _____

Name and Address of Physician: _____

My signature below indicates my commitment to submit a physician's statement.

Signature of Parent or Legal Guardian _____ Date _____

Note: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunizations and TB testing would be injurious to your child or your family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.