



**First Discoveries
Christian Preschool**

Developing attitudes for success!

Medical Exemption: Parental Agreement and Physician's Medical Report

Student: _____

Date of Birth: _____

Date of Conditional Admission: _____

FDCP is licensed and regulated by the California Department of Social Services, and is allowed to provide non-medical care and supervision to children 2-7 under California Law.

Medical Exemption due to Incomplete Immunization Records – Agreement for Conditional Admission

State regulation indicates that if a child has NOT received all immunization doses required, the child should NOT be admitted until all doses currently due are received without a **Medical Exemption**. There are two types, **Temporary** and **Permanent**. In limited circumstances, some children who have not received one or more required immunizations may attend child care while they catch up on these immunizations. These children may be temporarily exempt from immunization for medical reasons shall be admitted on condition that required immunizations are obtained at the termination of the exemption; the fact of the temporary medical exemption shall be recorded in their file.

The following must be completed and signed by your child's physician:

[] The physical condition or medical circumstances of _____ (student) are such that the required immunization(s) listed below are not indicated.

Is the student granted a Medical Exemption? [] Yes [] No

Indicate below the *Immunization and it's Exempted Dose*, the *Type of Exemption* and the *Expiration Date (if temporary)* for the exemption (*date all doses are scheduled to be completed*).

Exempted Immunization	Type of Exemption	Expiration Date
Polio - Exempted Dosis: 1 2 3	[] Permanent [] Temporary	___/___/___
Diphtheria - Exempted Dosis: 1 2 3 4	[] Permanent [] Temporary	___/___/___
Tetanus - Exempted Dosis: 1 2 3 4	[] Permanent [] Temporary	___/___/___
Pertussis - Exempted Dosis: 1 2 3 4	[] Permanent [] Temporary	___/___/___
Measles - Exempted Dosis: 1 2	[] Permanent [] Temporary	___/___/___
Rubella - Exempted Dosis: 1	[] Permanent [] Temporary	___/___/___
Mumps - Exempted Dosis: 1	[] Permanent [] Temporary	___/___/___
Hib - Exempted Dosis: 1 2 3	[] Permanent [] Temporary	___/___/___
Hepatitis B - Exempted Dosis: 1 2 3	[] Permanent [] Temporary	___/___/___
Varicella - Exempted Dosis: 1	[] Permanent [] Temporary	___/___/___

Once this expiration date has occurred, the child may continue in **attendance only after the school or child care receives documentation** of receipt of the temporarily exempted vaccines. A child who is not completely immunized against a particular communicable disease may be subject to exclusion if exposed to the disease or during an outbreak of the disease.

Physician's Name (please print) Physician's Phone Number

Physician's Signature _____ Date _____

For more information visit: <http://www.shotsforschool.org/laws/conditional-admission/>

Parental Agreement to Conditional Admission.

First Discoveries Christian Preschool shall exclude from attendance any student who fails to obtain the required immunizations within no more than 2 weeks after their first day, without a Medical Exemption.

California Code of Regulations requires First Discoveries Christian Preschool to see that the immunization record of each student admitted conditionally is reviewed every 30 days until that student has received all the required immunizations. Any immunizations received subsequent to conditional admission shall be entered in the student's immunization record by an updated immunization record provided by parents.

If First Discoveries Christian Preschool has good cause to believe that a student who is not completely immunized against a particular communicable disease may have been exposed to that disease, that information shall be reported immediately by telephone to the local health officer. The officer shall determine whether the student is at risk of developing the disease and, if so, may require the exclusion of the student from First Discoveries Christian Preschool until the completion of the incubation period and the period of communicability of the disease.

[] I understand and agree to the conditions that allow my child to be conditionally accepted to First Discoveries Christian Preschool. I will immediately report and keep my child out of school should he/she be exposed to a disease they are not immunized against until a Physician can clear them to return.

Authorization to Release Medical Information.

Physician, please provide a report on my child (above) in this form. I hereby authorize release of the medical information in this form to First Discoveries Christian Preschool.

Parent's Name _____

Parent's Cell Phone _____

Parent's Signature & Date