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Footprints in the Sand Daycare



Influenza Vaccination Request

Date: _____

SUBJECT: ***Influenza Vaccination Request***

Name: _____

It is required that children receive all vaccinations per the schedule stipulated by State Regulations. Please include your child’s vaccination records with the Health Assessment form.

It is required that children attending Child care receive the Influenza Vaccination annually along with any recommended/required vaccinations, and records are provided to Footprints in the Sand Daycare.

If you choose to not administer an Influenza Vaccination for your child, please sign and return the bottom of this form.

Please feel free to contact us if you have any questions or concerns.

Sincerely,

Kim Schalk

I, _____ choose to NOT vaccinate my child
Parent- please print

_____ with the Influenza Vaccination or
Child’s name- please print

_____ Vaccination(s).

For the following Reason: (must be filled in and hand written by parent/guardian).

Parent Signature

Date