

Child's Name: _____ DOB: _____

Vaccinations

_____ I am following the recommended AAP immunization schedule as per my child's physician's recommendation.

_____ I am using religious exemption for the following vaccinations (please list all and attach). Parents must attach a written note detailing their religious exemption, dated, and signed in order to stay enrolled.

_____ I am using strong personal objections and belief to exempt my child from the following vaccinations (please list and attach). Parents must attach a written note detailing their strong personal objection and beliefs, dated, and signed in order to stay enrolled.

_____ My child has a medical exemption from the following vaccination (please list and attach). Must attach a doctor's note listing the medical reason, dated, and signed by doctor in order to stay enrolled. Parent cannot make medical exemption.

_____ My child is on a delayed or late immunization schedule because of a medical reason, religious belief, or strong personal opinion or objection. Must attach a written note from a doctor for medical reason, or a written note from parent for religious or strong personal belief or objection. Note must include reason, dated, and signed in order to stay enrolled.

_____ My child is receiving vaccinations on a temporary delay due to an unforeseen medical reason. Please include doctors note with reason, dated, and signed. The child must be up to date within 30 days of note or submit another note from their physician as per PA Code § 27.77 a.2

***** The Art of Play Early Learning Center Requires All Enrolled Children to Follow the AAP Recommended Immunization Schedule or a Delayed Schedule ****

Influenza

_____ I am following the recommended AAP influenza vaccination schedule as per my child's physician's recommendations.

_____ I am using religious exemption for the influenza vaccination. Parents must attach a written note detailing their religious exemption, dated, and signed in order to stay enrolled.

_____ I am using strong personal objection and belief to exempt my child from the influenza vaccination. Parents must attach a written note detailing their religious exemption, dated, and signed in order to stay enrolled.

_____ My child has a medial exemption from the influenza vaccination. Must attach a doctor's note listing the medical reason, dated, and signed by the doctor to stay enrolled. Parents cannot make medical exemptions.

_____ My child is receiving the influenza vaccination on a temporary delay due to an unforeseen medical reason. Please include doctors note with reason, dated, and signed. The child must be up to date within 30 days of note or submit another note from their physician as per PA Code § 27.77 a.2

Parents Name: _____ Contact Number: _____

Parent Signature: _____ Date: _____

Pediatrician's Signature: _____ Date: _____

Pediatrician's Information's (physician's name, practice name, address, phone, and license #)

