An Innovative District Delivering Educational Excellence

KINDERGARTEN REGISTRATION
HEALTH CARE SUMMARY

To be completed and signed by health care provider and submitted with Kindergarten registration materials. This form must be returned to your child's school before the first day of Kindergarten.

Child's Name:_____Birthdate:_____

Parent/Guardian:_____

Does this child have any allergies that require the use of an epi-pen? Yes_____No_____

If yes, please list:_____

Does this child have any other allergies or conditions that we should be aware of? Yes_____No_____

If yes, please list:_____

Is a modified diet necessary? Yes_____No_____ If yes, please explain:_____

Does your child have asthma? Yes_____No_____ If yes, are you providing an inhaler at school? Yes_____No_____

Is any condition present that may result in an emergency? Yes_____No_____

If yes, please explain:_____

Date of last physical exam:_____ Hearing: R_____ L_____ Vision: R_____ L_____

Speech: _____

Please list below any important health concerns that require attention at school:

_____

_____

Other information helpful to the teacher: _____

_____

Health Care Provider: _____

Clinic: _____ Phone:_____

MIIC Participant: Yes_____ (if Yes, no immunization records required) No_____ (immunization records required)

Health Care Provider Signature:_____ Date: _____

Parents: Please note that your helath care provider must provide a copy of immunization records along with this summary or indicate that they are a MIIC participant. All health and immunization information or a notarized exemption must be completed and on file in the health office prior to the first day of Kindergarten.

Student Name _____

Instructions, please complete:
Box 1 to certify the child's immunization status
Box 2 to file an exemption (medical or concientious)
Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

A. Received all required immunizations:

I certify that this student has received all immunizations required by law.

_____

Signature of Parent / Guardian OR Physician / Public Clinic

_____ Date

B. Will complete required immunizations within the next 8 months:

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.

The dates on which the remaining doses are to be given are:

_____

Signature of Physician / Public Clinic

_____ Date

2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

A. Medical exemption:

No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):

_____

Signature of physician/nurse practitioner/physician assistant

_____ Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)

_____

Signature of physician/nurse practitioner/physician assistant (If disease occured before September 2010, a parent can sign.)

B. Conscientious exemption:

No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:

I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):

_____

Signature of parent or legal guardian

_____ Date

Subscribed and sworn to before me this:
_____ day of _____ 20_____

_____

Signature of notary

3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

_____

Signature of parent or legal guardian Date