

STUDENT VACCINATION ATTESTATION FORM TEMPLATE

Parents/Guardians: Please complete this form for your vaccinated student(s). **Please complete one form for each student, in the event you have more than one student in our schools.**

We request that you voluntarily share this information to assist us in collecting health information about your students. **This information should be submitted to your school nurse.** If you decline to provide this information for your eligible student(s), they will be considered unvaccinated.

Student Information:

Last Name:	First Name:
Date of Birth:	Grade:
Homeroom/Team/Classroom (if applicable):	

Student Vaccine Information:

I attest that my student has received a COVID-19 vaccination:

Date of First Dose: Type of Vaccine: Pfizer, Moderna, J&J, other:

Date of Second Dose: Type of Vaccine: Pfizer, Moderna, J&J, other:

By signing below, I attest that the information above is true and correct.

Signature of Parent or Guardian Parent / Guardian Name Date

Parent/Guardian Contact Information:

Email: Phone Number:

School Use Only:

Date Form Received: Evidence Type: Photocopy of Vaccine Card/IMR Record Parent provided Vaccine Card/IMR Record