

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 501.5.5.2P Adopted January 2004 Revised March 2015

Title Notification of Immunization Law Requirements for High School Students (30 day or Completion of Series)

Dear parent/guardian of _____, Date _____
print student name

In order to be in compliance with state law, your child needs to be current on all required immunizations or provide documentation of exemption **in order to remain in school**. We do not have a record of a:

___ MMR (Measles, Mumps and Rubella) immunization	___ 2 nd HepB (Hepatitis B) immunization
___ Varicella (Chicken Pox) immunization	___ 3 rd HepB (Hepatitis B) immunization
___ 3-dose series of HepB (Hepatitis B) vaccine	___ Polio (IPV, OPV) immunization
___ Tdap (Tetanus, Diphtheria and Pertussis) or	___ Meningococcal immunization
___ Td (Tetanus, Diphtheria) booster	

as required by state law for your child. If a record of your child receiving this/these immunization(s) or documentation of exemption is not received in the school nurse's office by the dates recorded at the bottom of this letter, **your child will not be permitted to attend school until the requirements of the law are met.**

There are several ways in which you may comply with this law:

1. Once the immunization indicated above has been given, write the date (month, day, year) of the immunization on the Student Immunization Form located on the reverse of this letter, sign where indicated, and return this document to the school nurse; **or**
2. If the student has received at least one of a series of immunizations and will complete the series within the next eight months, the physician must indicate such and sign the Student Immunization Form located on the reverse of this document, then return the document to the school nurse; **or**
3. If the student will not receive the immunization due to a medical contraindication or laboratory evidence of immunity, you must give the school nurse a statement signed by a physician (you may use the statement on the reverse of this letter), **or**
4. If the student will not receive the immunization due to conscientiously held beliefs, you must give the school nurse a notarized statement signed by the parent or guardian (you may use the statement on the reverse of this letter).

If you meet any one of the following Minnesota Vaccines for Children (MnVFC) eligibility criteria, you may call Dakota County Public Health (952-891-7999) to receive low-cost vaccinations (There is no charge for the vaccine for children meeting the criteria listed below):

- You are uninsured;
- You are enrolled in Minnesota Medical Assistance (MA), Minnesota Care (MnCare) or Prepaid Medical Assistance Program (PMAP);
- You are an American Indian or Alaskan Native, or
- You have health insurance that does not cover the cost of the vaccine.

According to Minnesota Statute 121A.15 (immunization law for school children), your child will not be permitted to attend school if the school nurse has not received one of the above proofs of compliance by

_____ (30 calendar-day date) for _____ immunization and/or
date
_____ (8-month series completion date) for _____ immunization.
date

We appreciate your timely attention to this matter. If you have any questions, please call your school nurse.

Sincerely,
Principal _____ School Nurse _____