



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 health 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.

Medical and non-medical exemptions

Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

Medical exemption: A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: _____
(of health care practitioner)

Date: _____

Non-medical exemption: A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: _____ Date: _____
(of parent/guardian)

Non-medical exemptions must also be signed and stamped by a notary:

Notary Stamp

This document was acknowledged before me on

_____ (date),

by _____
(name of parent or guardian)



Notary Signature: _____

State of _____
County of _____

History of chickenpox (varicella) disease: If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year _____

Signature: _____ Date: _____
(of health care practitioner, representative of a public clinic, or parent/ guardian)