

Date _____

Dear _____ :

Vaccinations are important in the prevention of infectious disease and may save your child's life during an outbreak. Your child, (student's name) has not met the minimum immunization requirements for school entry required by Idaho Code 39-4801 and District policy 3004 Immunization Requirements.

Our records show that your child needs the following immunization(s):

- | | | | | | | |
|--|--------------|---|---|---|---|---|
| <input type="checkbox"/> DTaP | Dose Number: | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Polio | Dose Number: | 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> Hepatitis B | Dose Number: | 1 | 2 | 3 | | |
| <input type="checkbox"/> MMR | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Varicella | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Hepatitis A | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Tdap Booster | Dose Number: | 1 | | | | |
| <input type="checkbox"/> Meningococcal | Dose Number: | 1 | 2 | | | |

According to state law, we cannot allow your child to attend school unless we receive evidence that the above requirements are met or a valid medical, religious or personal exemption recorded on the State of Idaho form 3004F1 Idaho School Immunization Requirements Exemption or a signed statement that includes name of the student, DOB, a statement indicating that the student is exempt from immunization for religious or other objections, and the signature of the parent, custodian, or legal guardian is on file by this date: _____

PLEASE DO ONE OF FOLLOWING IMMEDIATELY:

1. Take this form along with your child's immunization record to your medical provider or the local health department to get the needed immunization(s) and bring your child's updated immunization record back to your child's school.
2. If the copy of your child's immunization record shows your child has already received these immunizations, bring us the records to your child's school. Your child's record must include a date for the immunizations circled above and the medical provider's signature or stamp.
3. For children requiring more than one dose of any one vaccine, the series must be started by the above date. A completed 3004F2 Idaho Conditional Admission to School (Schedule of Intended Immunizations) Form must be returned to the school. The child will be admitted on the condition that they will receive needed doses as they become due.

Once your child has received the above immunizations, a copy of the child's immunization record must be provided to the appropriate school official so that school records can be updated. Failure to receive the above vaccinations or a valid exemption record before the deadline will result in your child being excluded from school in accordance with IDAPA 16.02.15, section 102.03.

Thank you for your cooperation;
Principal,