



Dear Parent:

Congratulations! You have a child entering kindergarten next fall. The La Crosse County Health Department and the State of Wisconsin want all students to be as healthy as possible. The Wisconsin Student Immunization Law requires children starting kindergarten to have the following vaccines:

- **4 DTP** – diphtheria, tetanus, pertussis (whooping cough) One dose must be received on or after the fourth birthday.
- **4 Polio**
- **2 MMR** –Measles, mumps, rubella (German measles) The first dose must be received on or after the first birthday.
- **3 Hepatitis B**
- **2 Varicella** – chicken pox. Chickenpox disease history is also acceptable.

The school will need a record of all the immunizations your child has received. A Student immunization Record will be available from the school for you to fill out.

You are encouraged to have your child immunized as soon as possible after their 4th birthday to avoid the late summer rush at immunization clinics. Immunizations are available through your regular clinic or the La Crosse County Health Department. The Health Department has immunization clinics available at the following places and times:

***The La Crosse County Health Department also schedules appointments as needed.
Call 785-9723.***

We look forward to your child starting school at West Salem Elementary.

Thank you,
West Salem Elementary School Nurse

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION.** State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission.** The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that reason only. If you have questions on immunizations or how to complete this form, contact your child's school or local health department.

PERSONAL DATA PLEASE PRINT

Step 1

Student's Name	Birth date (Mo/Day/Yr)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number ()	

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below:					
Has your child had Varicella (chickenpox) disease? Check the appropriate box And provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)					

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
Sign at Step 5 and return this form to school.
Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule and notify the school may result in court action and a fine of up to \$25.00 per day of violation.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reason this student should not receive the following immunizations _____

SIGNATURE - Physician Date Signed

For religious reason this student should not be immunized.

For personal conviction reasons this student should not be immunized.

LIST VACCINE(S) WAIVED _____

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. By signing this form I give permission to share my child's immunization records with the Wisconsin Immunization Registry and my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization. Check here if you do not give your permission

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed