

LINCOLN PARKS & RECREATION SUMMER DAY CAMP



Immunization Records

Dear Day Camp Family:

Nebraska Department of Health and Human Services (DHHS) regulations include a new immunization record requirement effective May 20, 2013. In order to be in compliance, a copy of your child's most current immunization record must be on file at your program site and available for review by DHHS.

Please submit ONE of the following documents to verify immunization status to your camp site.:

- Documentation of age-appropriate immunization;
- Certification by a physician, advanced practice registered nurse, or physician assistant that immunization is not appropriate for a stated medical reason; or
- A written statement that the parent or guardian does not wish to have the child immunized and the reasons for that decision.

You may use the attached form - *or any other suitable document detailed above* - to provide your child's immunization record.

Thank you for your understanding and cooperation. If you have any questions about this request, please contact your program site.

<u>Site</u>	<u>Director</u>	<u>Phone</u>
Air Park	Debra Williams	(402) 441-7876
Belmont	Jean Gerlach	(402) 441-6789
Calvert	Dan Payzant	(402) 441-8480
"F" Street	Doug Kasperek	(402) 441-7951
Goodrich	Jean Gerlach	(402) 441-6789
McPhee	Playgrounds Office	(402) 441-7952

****Bethany Park and Irving do not require Immunization Records.****

Child(s) Name: _____

Birthdate(s): _____

Enrollment Date: _____

REQUIRED IMMUNIZATIONS

Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo	Day	Yr	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 - 18 mo.				
		4	4 - 6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 - 18 mo.				
		5	4 - 6 yrs.				
Tdap		1	11 - 18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
M-M-R		1	12 - 15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12 - 18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

I do not wish to have (child's name) _____ immunized. The reason for the decision is:

Signature of Parent/Guardian: _____ Date: _____