

WESLEY NURSERY SCHOOL

of Bethesda United Methodist Church

IMMUNIZATION POLICY ACKNOWLEDGMENT

ALL PARENTS OF STUDENTS ATTENDING WESLEY NURSERY SCHOOL OF BETHESDA UNITED METHODIST CHURCH ("WNS") MUST READ THIS FORM, SIGN BELOW, AND RETURN IT TO WNS WITH THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE (ADAPATED FOR USE BY WESLEY NURSERY SCHOOL).

It is the policy of Wesley Nursery School that all students attending WNS must be fully immunized in accordance with the immunization requirements against contagious diseases published by the department of health. No exemptions are permitted. If your child has a valid temporary medical contraindication to being immunized against a contagious disease, and such contraindication is document by a physician, a temporary exemption may be permitted.

Immunization in accordance with WNS' policy is a condition for admission into the school. To be admitted to attend classes by the first day of school, the following forms must be received by the WNS office:

1. THIS FORM (completed and signed);
2. The Maryland Department of Health and Hygiene Immunization Certificate (adapted for use by Wesley Nursery School of Bethesda United Methodist Church) signed by a medical provider and parent(s);
3. Emergency Form
4. Maryland State Department Of Education Health Inventory Form; and
5. If applicable, Asthma Medication Authorization Form along with Allergy Action Plan (and prescribed medication in original container; labeled with child's name).

ACKNOWLEDGMENT

To All Parents/Guardians: Please provide the following information and sign below to acknowledge that you understand and agree to this policy.

Child's Name: _____
Last *First* *M.I.*

Parent/Guardian Name: _____

Address: _____
Street Address (and Apt. or Unit # if applicable)

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

I have read and understand WNS' Immunization policy listed above:

Parent/Guardian Name: _____
Please Print Full Name

Parent/Guardian Signature: _____ Date: _____
Please Sign *mm/dd/yyyy*

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME LAST FIRST MI

SEX: MALE [] FEMALE [] BIRTHDATE / /

COUNTY SCHOOL GRADE

PARENT NAME OR GUARDIAN ADDRESS PHONE NO. CITY ZIP

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Table with columns for Vaccine Type (DTP, Polio, Hib, Hep B, PCV, Rotavirus, MCV, HPV, Hep A, MMR, Varicella, History of Varicella Disease) and Dose # (1-5).

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name Office Address/ Phone Number

- 1. Signature Title Date (Medical provider, local health department official, school official, or child care provider only)
2. Signature Title Date
3. Signature Title Date

Empty box for Clinic / Office Name and Address/Phone Number.

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: [] Permanent condition OR [] Temporary condition until / / Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication,

Signed: Medical Provider / LHD Official Date

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: Date:

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)