

Child Immunization Records

Please provide us with your child's **most recent vaccination record** along with this form to be updated annually.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Immunization Records Given to School: _____

Administrator Signature _____ **Date** _____

For annual updates only:

Date of Updated Records Given: _____ ☐ No new vaccines given in last year

Parent Initials _____ Administrator Initials _____

Date of Updated Records Given: _____ ☐ No new vaccines given in last year

Parent Initials _____ Administrator Initials _____

Date of Updated Records Given: _____ ☐ No new vaccines given in last year

Parent Initials _____ Administrator Initials _____

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Parent Initials _____ Administrator Initials _____

