



State of Idaho SCHEDULE OF INTENDED IMMUNIZATIONS School or Child Care Immunization Requirement

This form is to document the intended schedule of a child who has not received all required immunizations for school or child care admission. To complete this form fill in the name of the child and the child's date of birth. The parent or guardian must have this form completed by a physician or physician's representative and returned to the school or child care provider.

School or Child Care Facility _____

Child's Name _____ Child's Birth Date _____

Vaccine Required	Check doses missing	Date Due (To be completed by Physician)	Date Given Month / Day / Year	Signature of Vaccine Administrator
DTaP(DT/Td)	<input type="checkbox"/>	1. / /	/ /	
	<input type="checkbox"/>	2. / /	/ /	
	<input type="checkbox"/>	3. / /	/ /	
	<input type="checkbox"/>	4. / /	/ /	
	<input type="checkbox"/>	5. / /	/ /	
Polio	<input type="checkbox"/>	1. / /	/ /	
	<input type="checkbox"/>	2. / /	/ /	
	<input type="checkbox"/>	3. / /	/ /	
	<input type="checkbox"/>	4. / /	/ /	
MMR	<input type="checkbox"/>	1. / /	/ /	
	<input type="checkbox"/>	2. / /	/ /	
Hepatitis B	<input type="checkbox"/>	1. / /	/ /	
	<input type="checkbox"/>	2. / /	/ /	
	<input type="checkbox"/>	3. / /	/ /	

PARENT INFORMATION

I _____, as the parent or guardian of _____,
Parent/Guardian Name Child's Name

understand that if my child fails to receive the required immunizations on the above prescribed schedule my child is to be excluded from school or child care until documentation of required vaccines is received by the school or child care provider. I acknowledge that I have read this document in its entirety and fully understand it.

Parent or Guardian Signature _____ Date _____

SCHOOL OR CHILD CARE PROVIDER INFORMATION

The school or child care provider has the responsibility to make sure all children enrolled have a complete immunization record on file. If the student fails to receive the required immunizations, they are to exclude the student from school or child care until documentation of required vaccines is received.

Date form filled out	/ /
Date parent returns signed schedule	/ /
Date child's immunizations are complete	/ /

Please retain a signed copy of this form for your records.