**Child's Name**: _____

# IDAHO CONDITIONAL ADMISSION TO SCHOOL

## Schedule of Intended Immunizations Form

The Schedule of Intended Immunizations Form is required by IDAPA 16.02.15 to document the intended immunization schedule of a child who has not received all required immunizations for school admission. To be eligible for conditional attendance, a child must have received at least one dose of each required vaccine and currently be on schedule for subsequent immunizations following the intervals listed below.

**SECTION 1:** ***This section is to be filled out by a school official. Sections 1 and 2 must be completed for this form to be valid.***

***A. NAME OF STUDENT:*** _____ ***DATE OF BIRTH:*** _____/_____/_____

Last First Middle Month/Day/Year

***B. VACCINES NEEDED:***

| Check box(es) of MISSING required vaccines | Enter date of LAST dose received (mm/dd/yyyy) | Interval between doses | Enter due date of NEXT dose(s) (mm/dd/yyyy) |
|---|---|---|---|
| ☐ **Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td)** | **Dose 1**: | **2nd dose**: 4 weeks after 1st dose | **Dose 2 due**: |
| | **Dose 2**: | **3rd dose**: 4 weeks after 2nd dose | **Dose 3 due**: |
| | **Dose 3**: | **4th dose**: 6 months after 3rd dose | **Dose 4 due**: |
| | **Dose 4**: | **5th dose**: 6 months after 4th dose (not required if 4th dose received on or after 4th birthday) | **Dose 5 due**: |
| ☐ **Polio** | **Dose 1**: | **2nd dose**: 4 weeks after 1st dose | **Dose 2 due**: |
| | **Dose 2**: | **3rd dose**: 4 weeks after 2nd dose | **Dose 3 due**: |
| | **Dose 3**: | **4th dose**: 6 months after 3rd dose (and child is at least 4 years of age) | **Dose 4 due**: |
| ☐ **Measles, Mumps, Rubella (MMR)** | **Dose 1**: | **2nd dose**: 4 weeks after 1st dose | **Dose 2 due**: |
| ☐ **Hepatitis B** | **Dose 1**: | **2nd dose**: 4 weeks after 1st dose | **Dose 2 due**: |
| | **Dose 2**: | **3rd dose**: 8 weeks after 2nd dose (and at least 16 weeks after 1st dose) | **Dose 3 due**: |
| ☐ **Varicella** | **Dose 1**: | **2nd dose**: 3 months after 1st dose | **Dose 2 due**: |
| ☐ **Hepatitis A** | **Dose 1**: | **2nd dose**: 6 months after 1st dose | **Dose 2 due**: |

As the _____(*title*) at _____(*name of school*), I certify the child named above has record of receiving at least one dose of each required vaccine and is on schedule for additional required immunizations. I will review the immunization status of this child until all requirements are met. This conditional admission form expires on: _____/_____/_____ (*two weeks after earliest due date above*).

_____ _____ _____/_____/_____

Name of School Official (PRINT) Signature of School Official Date

**SECTION 2***: This section is to be signed by the parent/guardian.*

As the parent/guardian of _____, I understand that my child is allowed to attend school on a conditional basis, and I agree to have my child vaccinated as required meeting the deadlines stated above. I also understand that it is my responsibility to provide the school with proof of the vaccines above and that failure to do so will result in exclusion of my child from school. I acknowledge that I have read this document in its entirety and I fully understand it.

_____ _____ _____/_____/_____

Name of Parent/Guardian (PRINT) Signature of Parent/Guardian Date

_____ _____

Home Phone Number Cell Phone Number



Both the school and parent/guardian should maintain a copy of this document.