## Elkhart and St. Joseph Counties Head Start Consortium

## PARENTAL DECLINATION OF CHILD VACCINATION

Child's Name:			
Parent's/Guardian's Na	me(s):		
My child's health care provider,		has advised me that my child (named abov	e)
should receive the follo	wing vaccines:		
Recommended		Declined	
• The purpose • The risks an • If my child decontracting the need for • My health care provided appropriate □ under the content with whom my child the content with whom the content with the conte	e(s) they prevent. I have had the opportunced all of my questions regarding the recommended vaccine of and the need for the recommended vaccine(s) oes not receive the vaccine(s), the consequency the illness the vaccine should prevent the disease to others my child to stay out of child care or school der, the American Academy of Pediatrics, the Control and Prevention have all strongly received to decline the vaccine(s) recommended column titled "declined" due to religious because the recommendations about vaccination all might come in contact.	cine  C) Vaccine Information Sheet(s) explaining the lity to discuss these with my child's health car mended vaccine(s). I understand the following tine(s)  ences may include:  I during disease outbreaks the American Academy of Family Physicians, a commended that the vaccine(s) be given.  for my child, as indicated above, by checking the liefs.  may endanger the health or life of my child and at any time and that I may change my mind and at any time and that I may change my mind and	nd the
Parent/Guardian Signatu	ште	Date	. •
White: Child File	Pink: Parent	Revised 7/	17/18

Revised 7/17/18