

Elkhart and St. Joseph Counties Head Start Consortium

PARENTAL DECLINATION OF CHILD VACCINATION

Child's Name: _____

Parent's/Guardian's Name(s): _____

My child's health care provider, _____ has advised me that my child (named above) should receive the following vaccines:

Recommended

Declined

Hepatitis B vaccine

Diphtheria, Tetanus, acellular Pertussis (DTaP/Tdap) vaccine

Diphtheria Tetanus (DT or Td) vaccine

Polio vaccine (PV/OPV)

Measles, mumps, rubella (MMR) vaccine

Varicella (chickenpox) vaccine

Meningococcal (MCV) vaccine

Haemophiles influenzae type b (Hib) vaccine

Pneumococcal conjugate vaccine

Hepatitis A Vaccine

Influenza (flu) vaccine

Other _____

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The purpose of and the need for the recommended vaccine (s)
- The risks and benefits of the recommended vaccine(s)
- If my child does not receive the vaccine(s), the consequences may include:
 - contracting the illness, the vaccine should prevent
 - transmitting the disease to others
 - the need for my child to stay out of child care or school during disease outbreaks.
- My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given.

Nevertheless, I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate under the column titled "declined" due to religious beliefs.

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come in contact.

I know that I may re-address this issue with my health care provider at any time and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature: _____ Date: _____