





I give my permission for Emergency Medical:

Transportation       Yes       No

Treatment       Yes       No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Immunization Information

Please provide a copy of your child's immunization record along with this form. The information should include names and dates of vaccinations and the name of the medical facility or the Doctor's name.

For office use only:

Medical exemption (attach copy) Date \_\_\_\_\_

Religious exemption (attach copy)      Date \_\_\_\_\_

Date enrolled \_\_\_\_\_

Date disenrolled \_\_\_\_\_