

Immunization Request Form

Dear Client:

As a child care provider, I am required to comply with the Vermont Immunization Regulations. I will need to access the Vermont Immunization Registry to acquire your Child's Immunization Records. Below is a permission form for you to sign so I can access the database. Please fill out and return to me A.S.A.P.

If you do not wish to have your child immunized for such reasons as; medically, religious or moral beliefs please specify below in writing your reason for exclusion.

Thank you,

Lynn MacAulay
Kidcare Daycare Director

Consent to Access Childs Immunization Records

I _____ give my consent for Lynn MacAulay of Kidcare Day Care to access my child's Immunization records through the Vermont Immunization Registry.

Name of child _____

Date _____ Signature of parent/guardian _____