

# NORTHLAND LUTHERAN HIGH SCHOOL

## IMMUNIZATION RECORD AND PERMISSION

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*Instructions:* The State of Wisconsin sets a minimum level of immunizations required for lawful enrollment in all public and private schools. The following doses are required by the State of Wisconsin:

- 4 Diphtheria, Tetanus, Pertussis (DTaP/DTP/DT/Td)
- 4 Polio
- 3 Hepatitis B
- 2 Measles, Mumps, Rubella (MMR)
- 2 Varicella (chickenpox), if your child has not had the disease
- 1 Adolescent Booster of Tdap/Td (once all 4 Diphtheria, Tetanus, and Pertussis have been received)

Please complete the Personal Information, list the dates of all immunizations received in the Immunization History, and choose the Parent Permission option that indicates your preference.

### Personal Information

Printed Student Name	Birthdate (MM/DD/YYYY)	Gender	School Year and Grade of Enrollment
Printed Parent Name	Address		

### Immunization History (shaded boxes are not required but may be used for additional dates)

	Diphtheria, Tetanus, Pertussis (DTaP/DTP/DT/Td)	Polio	Hepatitis B	Measles, Mumps, Rubella (MMR)	Varicella
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
	<b>Adolescent Booster of Tdap/Td</b>				<b>Varicella disease (year the child contracted disease)</b>
<b>1</b>					

### Parent Permission Choose one option.

<input type="checkbox"/> <b>Option 1:</b> I give permission for my child to receive any additional immunizations needed in order to meet the State of Wisconsin's requirements.	<input type="checkbox"/> <b>Option 2:</b> My child should NOT receive additional immunizations for <u>health / religious / personal</u> <small>choose one</small> <u>conviction</u> reasons.
<hr style="width: 80%; margin-left: 0;"/> Parent's Signature <span style="float: right;">Date</span>	<hr style="width: 80%; margin-left: 0;"/> Parent's Signature <span style="float: right;">Date</span>
<hr style="width: 80%; margin-left: 0;"/> Parent's Printed Name	<hr style="width: 80%; margin-left: 0;"/> Parent's Printed Name
	<hr style="width: 80%; margin-left: 0;"/> Physician's Signature <span style="float: right;">Date</span>

