PARENT STATEMENT REGARDING IMMUNIZATION RECORDS

Bay Presbyterian Preschool

Ohio Administrative Code Rule 5180:2-12-15

Child's Name: _____

Child's Date of Birth: _____

Ohio Administrative Code Rule 5180:2-12-15 requires licensed child care centers to maintain a current immunization record for each child, unless the child qualifies for an exemption provided by the rule.

Please check **one** of the following:

☐ **Immunization Record Provided: Signed and dated by parent/guardian**
I have provided the preschool with a current immunization record for my child. I understand that the record must be updated as required by Ohio law.

☐ **Medical Exemption**
I am providing documentation from my child's physician, physician assistant (PA), or advanced practice registered nurse (APRN) stating that my child is exempt from one or more immunizations for a medically recognized reason.

☐ **Parent Declines Immunization**
I am the parent/legal guardian of the child named above. I have declined to have my child immunized against one or more required diseases for reasons of conscience, including religious convictions, as permitted under Ohio Administrative Code Rule 5180:2-12-15.

I understand that I am responsible for notifying the preschool of any changes to my child's immunization status and for providing updated documentation when required.

Parent/Legal Guardian Name (print):

_____

Parent/Legal Guardian Signature:

_____

Date: _____

Preschool/Center Use Only

Date received: _____

BPC Preschool Representative: _____