



Student Name: _____

Grade: _____

Immunization Requirements:

K.S.A.72-5209 requires students attending public school present proof of immunizations, a medical exemption signed by a licensed physician, or a statement of religious exemption signed by a parent/guardian. Students who are non-compliant with immunization requirements will be excluded from school according to their date of enrollment. (See school nurse or inoculations policy regarding exclusion information.) Absences due to immunization non-compliance will be considered unexcused.

Every student enrolling shall provide proof that the student has received at least one dose of each required immunization deemed necessary by the Kansas Department of Health and Environment, with the most recent dose of each immunization series received by the second Monday in October for students enrolled through August 31, the second Monday of January for students enrolled September 1st through November 30th, and the second Monday of April for students enrolled December 1st through March 31st.

The school nurses will provide written notice to the parent or guardian regarding the policy and required immunizations. If the student remains non-compliant with immunization requirements, the building principal will notify the parent or guardian two weeks before the exclusion date by telephone that the student will be excluded until such time that the student is compliant with Kansas immunization laws.

Health Physical Requirements:

K.S.A. 72-5214 requires new students, up to nine years of age, to present a health physical that is signed by a physician or other authorized healthcare provider, and performed no more than 12 months prior to enrollment. The physical must be provided to the school within 90 days of enrollment.

Please contact the school nurse if you have any questions regarding immunizations, health physicals, and/or the exclusion policy.

Acknowledgment

My signature below indicates I have received a copy of the school immunization requirements for the 2018-19 school year. I have read the above information and understand the immunization and health physical requirements. I understand that my child will be excluded from school if a health physical and/ or proof of immunization requirement compliance is not provided.

Parent/Guardian Signature

Date