



IMMUNIZATION POLICY

Child's Name: _____

To protect our students and staff against serious vaccine-preventable diseases, YMCC requires all students to receive immunizations before the first day of school. No student will be allowed to attend school without providing YMCC with immunization records before the first day of school. **There are no exceptions to this policy.**

(initial) _____ I understand that YMCC's policy requires all students to receive immunizations prior to the first day of school.

(initial) _____ I understand that no student will be allowed to attend school without providing YMCC with immunization records before the first day of school.

All children must have proof of immunizations or proof of immunity in order to attend the first day of school. The record of each vaccine dose must include the date and name of the administering doctor or clinic. Please find the immunizations required for your child's age group in this link: <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/immunizations-preschool.pdf>. You can learn more about immunizations in general here: <https://www.whymmunize.org/free-materials/>.

Vaccines train the immune system to fight disease and potentially give your child the benefit of either avoiding contracting the disease all together or reducing the severity of the disease. Non-immunization substantially increases the risk factor that your child may contract the disease and exposes everyone around your child, including other YMCC students and YMCC team members, to the dangers of the disease.

(initial) _____ I understand the risks and benefits of immunizations and the risks of non-immunization.

If the child's application for enrollment includes an ADHS form which contains (i) documented proof of immunity, or (ii) a physician's written certification of the child's temporary need for medical exemption from immunization, YMCC will consider this information on an individual and discretionary basis. In the event of an outbreak of a vaccine-preventable disease, a child enrolled at YMCC based on a written certification from a physician that the child required a temporary medical exemption, may be excluded from YMCC until the risk period for exposure ends, which may be 3 weeks or longer.

(initial) _____ I understand that my child may be required to stay home from school if there is an outbreak of a vaccine-preventable disease, as determined by YMCC administration, for which my child is not immunized.

(initial) _____ I understand that under these circumstances, my child may be required to miss multiple weeks of school.

IMMUNIZATION POLICY ACKNOWLEDGEMENT

(initial) _____ I acknowledge and agree that it is my responsibility to provide my child's immunization records to YMCC prior to the first day of school.

(initial) _____ I understand that an affirmation by parents/guardians that a student has the required immunizations alone will not fulfill this requirement.

(initial) _____ I understand that my child will not be allowed to start school if I do not provide YMCC with immunization records before the first day of school.

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

YMCC REPRESENTATIVE SIGNATURE

DATE