Child Immunization Verification Form

Child's Name: _____ **Date of Birth:** _____

Important Enrollment Requirement

A current immunization record or approved exemption documentation must be on file with Mango's Place prior to your child's first day of attendance.

Parent/Guardian Immunization Verification - Please complete **one** of the following:

☐ **New Enrollment:** I have provided my child's current immunization record as required for enrollment.

☐ **Annual Immunization Received:** Ohio childcare licensing requires a review for each child's immunization record at least every 13 months.

OR

☐ My child is exempt from immunization requirements. Reason for exemption:

- ☐ Medical (documentation attached)
- ☐ Religious or reasons of conscience

Parent/Guardian Certification

I certify that the information provided above is true and accurate to the best of my knowledge.

Parent/Guardian Name: _____ **Date:** _____

Signature: _____

Mango's Place Use Only

☐ Initial immunization record received

☐ Updated immunization record received

☐ Exemption documentation received (medical only)

Received By: _____ **Received Date:** _____