NATRONA COUNTY SCHOOLS

To the Parent/Guardian of _____ Date_____

Wyoming State Law (W.S. 21-4-309) requires your child to be properly immunized against vaccine preventable disease as designated by the State Health Officer. Your child may be conditionally enrolled for thirty (30) calendar days, after which time he/she will be excluded from school. Religious and medical exemptions must be processed with the Natrona County Health Department (235-9340). This is a state law, therefore a requirement of the Natrona County School District. Parents/guardians must provide up- to-date immunization records.

WYOMING STATE IMMUNIZATION REQUIREMENTS *(as of Aug. 2010)*
(According to rules and regulations posted on www.immunizewyoming.com)

PRE-SCHOOL -APPLIES TO CHILDREN OVER 18 MONTHS OF AGE
Age appropriate immunizations.

KINDERGARTEN/ELEMENTARY STUDENTS

4/5 Doses	DTP/TD
3/4 Doses	POLIO
2Doses	MMR
3 Doses	HEPATITIS B
2 Doses	VARICELLA (Chickenpox) or verification

7th THROUGH 12TH GRADE STUDENTS

4/5 Doses	DTP/TD	Plus one additional Tdap/Td at grade 7
3/4 Doses	POLIO	
2Doses	MMR	
2/3 Doses	HEPATITIS B	
2 Doses	VARICELLA (Chickenpox) or verification of disease. * *	

ALL STUDENTS/TRANSFER STUDENTS MUST MEET WYOMING REQUIREMENTS

☐ Your child has no immunization record.

☐ Your child is missing the following immunizations:

☐ DTP ☐ Tdap/Td ☐ Polio ☐ MMR ☐ HepB ☐ VARICELLA (Chickenpox)

☐ **The 30-day exclusion date is**_____

* * ☐ My child _____ had Chickenpox on or about_____(month/year).

Signature of Parent/Legal Guardian_____

**** * RETURN THIS FORM TO THE SCHOOL NURSE IF YOU HAVE SIGNED THE ABOVE LINE***

Please comply with the requirement of the law as quickly as possible by making an appointment with your child's primary care provider or the Natrona County Health Department at 235-9340. Be certain to bring the updated immunization record to school before the exclusion date.

_____School Nurse Phone_____

School _____ Fax#_____ Notice#_____

White Copy- Parent • Yellow Copy- Health Folder SSS-H-18 Rev 9/16