

**WILLARD CITY SCHOOL DISTRICT**

CONFIRMATION OF MMR BOOSTER VACCINATION

Please complete one (1) of the three (3) immunization options listed below and return this form to your child's school as soon as possible. Your child will not be allowed to remain in school unless this form has been completed and returned to the school. Thank you for your cooperation.

The student listed below has received the required MMR Booster Vaccination.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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\_\_\_\_\_ (student's name) will not be receiving the MMR Booster vaccination because it is medically contra-indicated.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_ (student's name) will not be receiving the MMR Booster vaccination because it is contrary to our religious convictions.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_