

## **Verification of Immunizations & Medical Release**

Doctor's Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital \_\_\_\_\_ Location (city, state) \_\_\_\_\_

→ I grant authority to Kid Station to facilitate any necessary medical emergency provisions for my child(ren) while present at said facility. I attest that any resulting financial obligations will be realized by me, the primary or secondary guardian.

(please sign) \_\_\_\_\_ Date \_\_\_\_\_

→ The Tennessee Department of Human Services Child Care Licensing guidelines state that every child registered with Kid Station must hold a current record of immunization. During a subsequent visit to Kid Station, please supply, for each child registered, a Tennessee School Immunization Certificate or a current immunization record, completed and signed by the child's physician.

(These documents will be reproduced and filed for reference purposes only.)

→ I attest that the following children are up to date on their immunizations as required by the state of Tennessee (refer to chart below for state recommendations):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

Age of Child	Number of Doses Required>
2-3 months	1 DTP/DtaP/DT, 1 Polio, 1 Hib
4-5 months	2 DTP/DtaP/DT, 2 Polio, 2 Hib
6-11 months	3 DTP/DtaP/DT, 2 Polio, 3 Hib
12-15 months	4 Hib*, and 1 MMR given on or after the first birthday
12-18 months	4 DTP/DtaP/DT, 3 Polio, and 1 Varicella
4-6 years	4 or more DTP/DtaP/DT, 4 Polio, 4 Hib*, 1 Varicella, and 2 MMR given on or after the first birthday

**\*If child starts Hib at 15 months through 4 years of age, give just one dose of Hib vaccine**