

**MONTANA DAY CARE**

**CONDITIONAL ATTENDANCE FORM**

Day Care Center Rules, Revised September 1, 2006 (ARM 37.95.106 through 37.95.214)

I. This section to be filled out by day care official.

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I certify the above named child has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time and will remain in a conditional attendance status for each of the required immunizations until they have reached 19 months of age AND have completed the day care immunization requirements.

Signature (Day Care Official): \_\_\_\_\_

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

II. This section to be filled out by physician/health department official.

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

<u>VACCINE TYPE(S) NEEDED</u>	<u>DOSES DUE/EXCLUSION DATE</u>
<b>Example:</b> Polio, MMR, DTP, Hib, Varicella	12/20/08
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that I have established an immunization schedule for the required vaccine(s) for the above named child.

Signature (Health Official): \_\_\_\_\_ Date: \_\_\_\_\_

III. This section to be signed by parent/guardian:

I understand that my child is allowed to attend day care on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend day care in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Note: Use of Day Care conditional attendance forms are necessary for children under 5 years of age and children who have not completed all of the required immunizations (see table on back).

A child may be allowed to conditionally attend day care if he/she has:

1. Received one or more doses of each of the required vaccine(s) and
2. Will continue to receive the remaining doses on the schedule set by a physician or health department in accordance with the day care requirements.

The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting each vaccine given including the vaccine type(s) and date(s). This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the day care.

If a child conditionally attending day care fails to complete the immunization(s) within the time period indicated, he/she must either qualify for and claim an exemption or be immediately excluded from the day care by the director.

## INSTRUCTIONS

### I. DAY CARE:

1. Prior to day care attendance, all children must have:
  - a) documentation of the required immunizations, or
  - b) an appropriate exemption.
2. Request documentation of the child's immunization status.
3. Transfer the child's immunization information to STATE OF MONTANA-CERTIFICATE OF IMMUNIZATION (HES 101) or obtain a Xerox copy of the immunization record.
4. Return the child's immunization record to the parent/guardian. The HES 101 stays on file in the daycare.
5. Section I of this form (HES 103-A) needs to be completed by the day care official.
6. Have parent/guardian read and sign Section III of this form.
7. Give this form to the parent/guardian with instructions to have the immunization schedule established for the missing vaccine dose(s) and signed by the physician/health department official.
8. When this form is completed it is to be returned to the day care by the parent/guardian. This form is to be attached to the HES 101 and kept in the child's permanent record. The parent/guardian is to be provided with a copy of this form.
9. The HES 101 needs to be updated as the vaccine dose(s) are given in compliance with the established immunization schedule.
10. A child failing to complete the immunization(s) as scheduled:
  - a) must qualify for and claim an exemption, or
  - b) immediately be excluded by the day care director.

### II. PHYSICIAN/HEALTH DEPARTMENT:

1. The physician/health department will establish the immunization schedule for the missing vaccine dose(s) and enter the schedule in Section II on this form (HES 103-A). Vaccine type and date the dose(s) are due must be noted on this form AND on the Official Montana Immunization Record. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the day care by the parent/guardian.

### III. PARENT/GUARDIAN:

1. It is the parent/guardian's responsibility to provide documentation of the child's immunization status to the day care.
2. If the parent/guardian does not have a personal copy of the Official Montana Immunization Card they should contact the physician/health department to obtain one. It is the parent/guardian's responsibility to permanently retain the child's immunization record card.
3. After Section I of this form has been completed by the day care official, please read and sign Section III.
4. Immunizations are available either from private physicians or public clinics. It is the parent/guardian's responsibility to contact the physician/health department for establishing the immunization schedule and/or receive the missing immunization(s).

Each time the child receives an immunization the immunization record card needs to be updated.

5. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the day care by the parent/guardian.
6. Obtain a copy of this completed form from the day care for ready reference and compliance with the established immunization schedule.
7. Each time the child receives the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the day care for the record to be updated.

NOTE: Questions regarding the use of this form should be directed to the local health department or the Montana Immunization Program (444-5580).