

Family, Friend & Neighbor

Child Care

Immunization Attestation

Children in Family, Friends, and Neighbor Provider [FFN] care must have immunizations except:

- *If the child is being cared for by an approved relative (grandparents, great-grandparents, aunt or uncle);*
- *If the child is being cared for in their own home;*
- *If the child has a medical condition that contra-indicates immunization;*
- *If a medical exemption for immunizations is being claimed, an FFN Immunization Waiver form must be completed.*

One or more of the above criteria, has been met.

OR

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

I, the Provider, certify that (child's name) _____, has all the legally required immunizations, and that I keep a copy of that record at my home where the child care is provided and updated as needed.

Provider Signature/Date