

**MONTANA CHILD CARE AND SCHOOL  
CONDITIONAL ATTENDANCE FORM**

**MONTANA CHILD CARE AND SCHOOL IMMUNIZATION LAWS**

Child Care Facility Rules, Revised Sept 1, 2006 (ARM 37.95.106 through 37.95.214)

Montana School Immunization Law (MCA 20-5-402 through 410)

School Immunization Rules, Revised October 1, 2015 (ARM 37.114.701 through 37.114.721)

**I. This section to be filled out by child care or school official.**

Child/Pupil Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

*I certify the above named child/pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time. Child/Pupil will remain in a conditional attendance status for each of the required immunizations until they have completed the child care/ school immunization requirements and remain compliant with the schedule listed below.*

Signature (Child Care or School 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.

**VACCINE TYPE(S) NEEDED**

**DOSES DUE/EXCLUSION DATE**

**Example:** MMR, Polio 12/20/12


I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil and the schedule follows the minimum intervals set by ACIP (Advisory Committee on Immunizations Practices) to bring this child up-to-date according to the child care or school requirements.

Signature (Physician/Health Dept Official): \_\_\_\_\_

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

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

*I understand that my child is allowed to attend child care or school 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 child care/school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.*

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

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

**A child/pupil may be allowed to conditionally attend a child care facility or school 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 above by the physician or health department in accordance with the child care or school requirements.**

**The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine(s) and the date(s) the next dose is due. 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 child care facility or school.**

**If a child conditionally attending a child care facility or school fails to complete the immunization(s) within the time period indicated, he/she will be immediately excluded from the child care facility or school.**

# INSTRUCTIONS

## **I. Child Care, Preschool, K-12 School:**

1. Prior to child care and school attendance, all children/pupils must have:
  - a) Documentation of the required immunizations, or
  - b) An appropriate exemption.
2. Request documentation of the child's/pupil's immunization status.
3. Transfer the child's/pupil's immunization information to the State of Montana-Certificate of Immunization (HES 101).
4. Return the child's/pupil's immunization record to the parent/guardian. The HES 101 stays on file in the child care facility/school.
5. Section I of this form (HES 103) needs to be completed by the child care or school 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 child care or school by the parent/guardian. This form is to be attached to the HES 101 and kept in the child's/pupil's permanent record. The parent/guardian is to be provided with a copy of this form (HES 103). **Child care providers must submit a copy of this form (HES 103) to the County Health Department.**
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/pupil failing to complete the immunization(s) as scheduled:
  - a) Must qualify for and claim an exemption, or
  - b) Immediately be excluded by the child care director or school administrator/designee.

## **II. Physician or 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). Vaccine type and date the dose(s) are due must be noted on this form **and** on the Official Montana Immunization Record. Physician/health department will follow ACIP recommended catch up schedule to bring a child up-to-date to meet the immunization requirements in a child care or school setting. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the child care facility/school by the parent/guardian.

## **III. Parent or Guardian:**

1. It is the parent/guardian's responsibility to provide documentation of the child's immunization status to the child care facility/school.
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/pupil's immunization record card. This record card should be updated each time the pupil receives an immunization and kept permanently to expedite child care/school entry.
3. After Section I of this form has been completed by the child care/school 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).
5. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the child care facility/school by the parent/guardian.
6. Obtain a copy of this completed form from the child care/school for ready reference and compliance with the established immunization schedule.
7. Each time the child/pupil receives the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the child care facility/school for the record to be updated.
8. It is important to comply with the established immunization schedule to avoid any interruption in child care/school attendance, i.e., possible exclusion.

**NOTE: Questions regarding the use of this form should be directed to the Local Health Department or the Montana Immunization Program (406-444-5580).**