

## Legal Notice Required Immunizations for Admission to Wisconsin Child Care Centers

To the Parent, Guardian or Legal Custodian of \_\_\_\_\_

The Wisconsin Student Immunization Law requires that all children in child care centers meet a minimum number of required immunizations. These requirements can be waived only for health, religious or personal conviction reasons. According to our records, your child is not compliant because either a record is not on file at the center or an immunization is needed (see reason for noncompliance as marked below). To remain compliant with the law, please provide the month, day, and year that your child received the required immunization (s) on the attached Child Care Immunization Record or select one of the waiver options prior to \_\_\_\_\_ (Date). Failure to do so may result in a fine of up to \$25 per day, or possible exclusion from the child care center.

In past years, thousands of Wisconsin children caught diseases such as measles, pertussis (whooping cough) and rubella, and many were left with severe disabilities. The Student Immunization Law was passed to keep these and other vaccine-preventable diseases from harming the health of our children.

### Reason for noncompliance:

**No record** at Child Care Center

Your child needs the following checked vaccine(s):

#### DTP/DTaP/DT/Td

- 1st Dose
- 2nd Dose
- 3rd Dose
- 4th Dose
- 5th Dose

#### Polio

- 1st Dose
- 2nd Dose
- 3rd Dose
- 4th Dose

#### Hib

- 1st Dose
- 2nd Dose
- 3rd Dose

#### PCV\*

- 1st Dose
- 2nd Dose
- 3rd Dose

#### Hepatitis B

- 1st Dose
- 2nd Dose
- 3rd Dose

#### MMR

- 1st Dose
- 2nd Dose

#### Varicella (chickenpox)\*\*

- 1st Dose

\* **PCV means pneumococcal conjugate vaccine**

\*\* **If your child already has a reliable history of chickenpox disease, varicella vaccine is not required. Refer to the history of varicella/chickenpox disease question on the attached Child Care Immunization Record and, if this applies, have the form signed by your child's physician, physician's assistant, or advanced nurse prescriber.**

Your immediate cooperation is appreciated.

\_\_\_\_\_  
**Signature – Child Care Official**

\_\_\_\_\_  
Date Signed

Child Care Center: Please be sure to attach a blank Child Care Immunization Record (F-44192).