

South Portland School Department Health Services

Intent to Immunize

My child has an appointment to complete all necessary immunizations required of school children. I understand that proof of a completed immunization record must be submitted before school begins. Failure to comply will result in school exclusion. I also understand that the school nurse will confirm this appointment.

Child's name _____ Date of Birth _____
Doctor's name _____ Appointment Date _____
Doctor's number _____ Doctor's fax number _____

Parent's signature _____
Home Number _____ Work Number _____

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