



418 Washington Street, PO Box 188
Covington, IN 47932

Ph 765-793-4881
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A large part of our Head Start and Early Head Start programs are focused on preventative health care for your child and family. Head Start offers opportunities for your child to receive a physical examination, dental examination, immunizations, and other health screenings such as lead testing, hemoglobin, vision, hearing, height/weight, and blood pressure. Our goal is to assure that your child is in the best health possible and, if necessary, is receiving any needed health services to be healthy.

However, as a parent, you have the right to refuse these types of health screenings. Please complete the information listed below that shows what types of screenings you do not want your child to participate in with a brief reason why.

I, _____, as the parent of _____
who is enrolled in the Head Start or Early Head Start program, refuse to allow them to receive the following health screening:

- Immunizations (please complete attached form)
- Dental Screening or Follow-Up
- Physical Examination
- Other Health Screenings (please specify) _____

For the following reasons:

Parent Signature

Date





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Refusal to Vaccinate

Child's Name: _____

Parent's/Guardian's Name(s): _____

My child's health care provider, _____ has advised me that my child (named above) should not receive the following vaccine:

Recommended

- Hepatitis B vaccine
- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Diphtheria Tetanus (DT or dT) vaccine
- Haemophilus influenzae* type b (Hib) vaccine
- Pneumococcal conjugate vaccine
- Polio vaccine (IPV)
- Measles, mumps, rubella (MMR) vaccine
- Varicella (chickenpox) vaccine
- Influenza (flu) vaccine
- Meningococcal vaccine
- Hepatitis A vaccine
- Other _____

Declined

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- **The purpose** of and the need for the recommended vaccine(s)
- **The risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s), **the consequences** may include:
 - contracting the illness the vaccine should prevent
 - transmitting the disease to others
 - the need for my child to stay out of child care or school during disease outbreaks
- My health care provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given

Nevertheless I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate under the column titled "declined" due to religious beliefs.

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others that my child might come in contact with.

I know that I may re-address this issue with my health care provider at any time, and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

