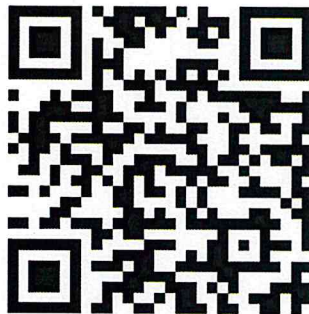




Enrolled Student Night - March 30, 2023

- **Welcome Address**
Ms. Mary Beth Lennon '85, President
- **"A Mercy Girl Is"**
Dr. Kathryn Adelsberger, Principal
 - *Advisor program*
 - *Freshman courses*
 - *Placement test*
 - *Summer mailing*
 - *Devices*
- **Student Information**
Ms. Terri Reinhert, Dean of Students
 - *Uniform information (Flynn O'Hara)*
 - *Leadership opportunities and academic integrity*
 - *Student activities and freshman events*
 - *Parent/guardian involvement*
 - *Yay Lunch*
- **A Toast to the Class of 2027**
Our Admissions Team congratulates our newest Mercy girls
- **Reception**
Please join us in the Weinberg Lobby for light refreshments. Do not forget to stop by our photo booth and school store. There are also tables set up to inquire about IT & devices, uniforms, placement tests, Yay Lunch, and more.

Welcome Class of 2027



Please use the QR code below to access your class webpage- made just for you!

Your class webpage will have links to everything you need to know and we will update with new and important information over the upcoming months. Please make sure you bookmark it on your phone and/or web browser. This is your "one stop shop" for everything a new Mercy girl needs to know!

2nd copy – Initial copy of this letter was included in your mailed Class 2027 Acceptance Packet

February 10, 2023

Dear Class of 2027 parents and guardians,

In preparation for your daughter's freshman year at Mercy High School, below is important information about our **Bring Your Own Windows Device** program.

We have customized a Lenovo ThinkPad E14 with specifications to ensure students will have a fast, capable, reliable device. If you are interested in purchasing this model, you may order through Mercy to take advantage of our volume-purchase arrangement with the vendor. Otherwise, freshmen may choose to bring any Windows laptop that meets the specifications outlined on the following page. **Please note that Chromebooks and Apple devices are not permitted**, even if they can run Windows OS.

The discounted cost for the Lenovo ThinkPad E14 is \$719. A four-year warranty with accidental damage protection (ADP) is available for an additional \$170. We will provide more information about ordering the Lenovo at Accepted Students Night on February 23rd.

If you decide to purchase another device, the device must be brought to campus for approval and configuration before freshman orientation. If the device does not meet our requirements, you will be expected to purchase an appropriate device before the start of school.

As we look ahead to the 2023-24 academic year, we are excited by all the ways that Mercy High School continues to thrive and grow. We look forward to welcoming you and your daughter to our remarkable community!

Sincerely,

Melinda Johnson
Director of Information Technology

Bring Your Own Windows Device Program at Mercy High School Class of 2027

Windows Device Minimum Specifications

Operating System: Windows 10 or 11 (Windows 10 Pro recommended)

Processor: 1.7 gigahertz (GHz) or faster

Memory: 8 GB or greater

Storage: 256 GB or greater (SSD recommended)

Software

All software is included in student tuition/fees and will be installed on student devices at freshman orientation. Mercy's IT staff will provide and help students install Microsoft Office, Adobe Creative Cloud, antivirus, and Intune management software.

Recommended Device: Lenovo Thinkpad E14

- Processor AMD Ryzen™ 5 5625U (2.30 GHz up to 4.30 GHz)
- 14" FHD display (non-touch)
- Memory 16 GB DDR4-3200 MHz
- Storage 256 GB SSD
- Windows 10 Pro
- Ideal for on-the-go professionals and students

Cost: \$719 + \$170 for four-year warranty with ADP (optional)



Academic Year 2023 – 2024
174 Days

August 14 – 16	New Faculty/Staff Orientation
August 17 – 22	Faculty/Staff Orientation
August 23 - 25	Freshman Orientation
August 28	Orientation for Sophomores, Juniors, and Seniors
August 29	First day of classes
September 1 – 4	Labor Day holiday
September 22	Ring Day/Mercy Day
October 23	School holiday
November 22 – 26	Thanksgiving holiday
December 20 - January 1	Christmas holiday
January 15	Martin Luther King, Jr. Day holiday
January 16 - 19	Exams
February 19	Presidents' Day holiday
March 28 – April 7	Easter holiday
May 27	Memorial Day holiday
May 30	Baccalaureate Liturgy
May 31	Graduation
June 3 – 5	Exams



Mercy High School Uniform Reminders

- **Key elements**

- Shirt: White uniform blouse with school logo
- Nametag: Mercy student nametag
- Skirt: Plaid four kick pleated skirt, worn just above the knee, not to exceed three inches.
- Blazer: red blazer in good condition that *buttons completely* and fits well; only Mercy-related pins should be displayed on the lapel. *Blazers are required for assemblies and liturgies.*
- Socks: solid white or black knee socks, solid plain white or black crew socks with at least five inches of ribbing above the ankle (no decorations, no borders, no stripes).
- Shoes: black buck oxfords with standard soles, no contrasting stitching or contrasting grommets; purchased from Van Dyke & Bacon.
- Plain white or black tights are permitted (sheer nylons or black stockings are not permitted)
- Plain, tight, black leggings free from designs, logos, or patterns. Plain white or black crew socks must be worn over the ankles of leggings.

- **Optional additions**

- Sweaters: red or black uniform sweater with school logo, black fleece jacket with school logo, Senior sweater in good repair
- Solid white, black, red, and grey headbands measuring up to one and half inches (1.5") wide.
- Earrings should be no longer than 2 inches (2.0"); bracelets and necklaces must be few, thin, and simple.

- **Prohibited items**

- Only analog watches may be worn in school. No Apple/Fitbit/smartwatches are allowed.
- Except for ear piercings, no visible piercings or tattoos are allowed. Nose piercings are not allowed.
- No blankets or scarves.
- Mercy spirit wear is not acceptable as part of the school uniform. No sweatshirts, sweatpants, or lounge pants permitted.
- Hair may not be dyed or highlighted an unnatural hair color, including gray. Because unity and simplicity are our touchstones for appearance, radical hairstyles are not appropriate. Any student who comes to school or a school event with inappropriately colored or styled hair will report to the dean of students, who will call the parent(s)/guardian(s) to determine a solution. The school recognizes that particular hairstyles may be part of racial, ethnic, spiritual, or cultural identity and practice, or implemented as a "protective" hair style for natural hair. Nothing in this policy restricts such hair styles.



Mercy High School Uniform Reminders

- **Key elements**

- Shirt: White uniform blouse with school logo
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YAY LUNCH!

We provide **real food, made fresh daily** with breakfast, lunch and snack options on campus in our cafe and special-made lunches available through a simple online ordering platform. It's so easy, you'll love it!



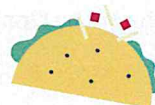
Order Ahead!

Lunches from local favorites available ONLY through pre-order!

Yay Lunch delivers freshly made meals from food providers in your community. You can place orders by 12pm Sunday for the week ahead through our simple online ordering platform.



Order online in just a few quick clicks.



Meals are prepared fresh daily by local providers.



Yay Lunch delivers lunches straight to schools.

Or Choose From Our In-Person Options

This fall, we're offering lots of tasty options to choose each day!



Grab + Go Meals and Beverages



Popular Snacks



Hot + Cold Breakfast



Wholesome Treats

Learn More About Yay Lunch
yaylunch.com

YAY LUNCH!

Frequently Asked Questions

—→ For Parents



yaylunch.com



What does Yay Lunch offer?

Yay Lunch will provide order-ahead lunches, delivered daily from your local food partners, in addition to our in-person cafe including breakfast, lunch, as well as nutritious grab-and-go snacks throughout the day.

I love that I can order from local restaurants! How do deliveries work?

Yay Lunch delivers from local vendors directly to schools. Our Brand Ambassadors deliver meals in insulated carriers so hot food stays warm and cold food stays fresh. Make sure to place your order on yaylunch.com by 12pm on Sunday for pre-ordered meals.

Is there a deadline for pre-ordering lunches?

You have until Sunday at noon (12pm) to submit your orders for the following week. You can also get a variety of breakfast, lunch, and snack options the same day in our cafe with a Yay Lunch account.

What can I order in person?

Yay Lunch will provide food that's available for same-day purchase, including breakfast, lunch, as well as nutritious grab-and-go snacks throughout the day.

Where can I see the pre-order menu?

Once you create an account, your Lunch Calendar on yaylunch.com will have the most up-to-date and detailed menus for online ordering — including options for dietary preferences, portions, and sides.

I forgot to order this week! What do I do?

Don't sweat it! You also have the option to order same day, in person, from a variety of select breakfast, lunch and snack options! If you want to place a late order from our online delivery menu, reach out to info@yaylunch.com by 11am the day before service. We charge a nominal fee of \$0.50 per meal ordered after the order window closes.

When are meals delivered to schools?

Exact delivery times vary with each school's schedule. We work with each school to coordinate a delivery window within 15 minutes of the beginning of the lunch period.

How does repeat ordering work?

Repeat ordering is a perk of our online ordering process. You set up your weekly meals online once, and we'll deliver through the end of the school year! We'll notify you about any changes to your order via email. You can always opt out of repeat ordering to order week by week.

What about sick days or other last-minute cancellations?

You can cancel an online order by 9am the same day if your child is absent due to illness. Please email us at info@yaylunch.com.

How do ordering + billing work?

Create a free account at yaylunch.com, including providing your payment information and student or faculty ID. Orders placed both online and in person will be processed on the Saturdays following the week of service.

What happens on holidays or breaks?

We work to continuously sync our online menu with your school's calendar. Days on your Lunch Calendar will be blacked out according to your school's evolving schedule. Any scheduled meal selections will be canceled and you will be notified accordingly!

How do you handle food sensitivities?

Our menus are always peanut and shellfish-free, and you'll find a wide variety of gluten-free, dairy-free, egg-free, and vegetarian options across our menus. However, at this time, we cannot guarantee that kitchens will be 100% free of allergens. For any specific allergy-related questions, please email us at info@yaylunch.com.

School Uniform Shopping

Whether you're brand new to school uniforms or a returning shopper preparing for the school year ahead, FlynnO'Hara makes it safe & easy to shop for back-to-school.

1 ONE

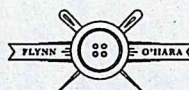
Review Your Uniform Requirements

Click the link below & enter your student's Grade & Gender to view their specific uniform requirements, products, and pricing.



FIND YOUR UNIFORM
flynnohara.com/shop/mercy-high-school-md016/

IMPORTANT NOTE: We recommend families get their uniform shopping done at least **ONE MONTH** before the first day of school to ensure your students have everything they need!



2 TWO

Shop For Your Uniform!

IN-STORE

8868 WALTHAM WOODS ROAD
PARKVILLE, MD 21234
(410) 828-4709
HOURS & DIRECTIONS

ONLINE



FLYNNOHARA.COM

Additional Resources

Need Help with Sizing?

Visit the link below for fitting tutorials and other resources to help you choose the right sizes for your student's uniform.



FITTING TUTORIALS
flynnohara.com/sizing-fit/

Questions? We're Here to Help!

atyourservice@flynnohara.com
(800) 441-4122



STAY INFORMED

Sign Up for Uniform Updates!

First things first: opt-into MercyHigh School's uniform newsletter to stay in-the-loop on important information and promotions. Make sure to enter your school code listed below to ensure you only receive information relevant to your school!



JOIN HERE

SCHOOL CODE: MD016

XXXXXX

 **FlynnO'Hara**
UNIFORMS



A Magical Summer at Mercy



Get ready for an energetic and creative summer at Mercy!

Now is the perfect time to make exciting plans for your summer!

Try a new sport or take it to the next level in one you love, or dive deeper into your passion for dance.

Register today by visiting www.mercyhighschool.com/summer-camp

Basketball Camp: June 19—June 22

At Mercy's basketball camp, you'll have lots of fun, build friendships, and dramatically improve your game! No matter your ability level, you'll build on fundamentals like dribbling, passing, shooting, rebounding, blocking, and stealing. You'll learn the mental side of basketball and game strategies that you'll transfer into game-like experiences.

Camp runs daily from 5:00 p.m. to 7:30 p.m. in Mercy's gymnasium. Registration closes on June 8. The fee for registration is \$200.

Dance Camp: June 26—June 30

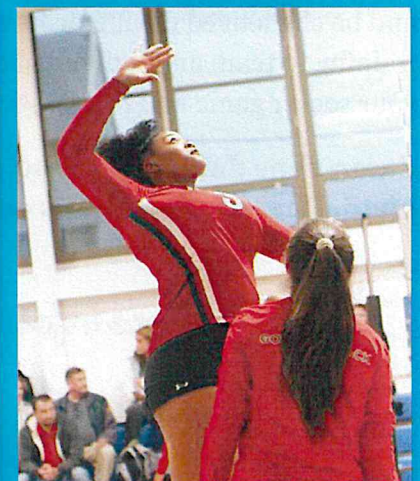
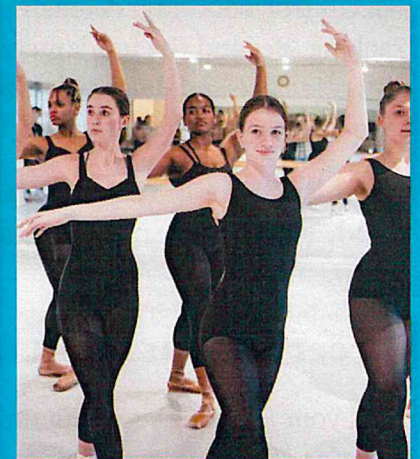
Keep your dance training moving forward this summer by dancing at Mercy! Students will work with professional instructors offering daily technique classes in the genres of ballet and modern dance, as well as additional classes in jazz, pointe (for dancers already on pointe), improvisation, and composition. Connecting with Mercy's roots in Ireland, dance camp will include instruction in Irish step dancing. Dancers will also explore stretching techniques, strength and conditioning, and the rich history of dance. A minimum of two years of previous dance experience is required.

Camp runs daily from 9:00 a.m. to 3:00 p.m. in The Harry and Jeanette Weinberg Auditorium. Registration closes on June 15. The fee for registration is \$325. Bring your own lunch.

Volleyball Camp: June 26—29 (Session 1) July 31—August 3 (Session 2)

Meet us at the net this summer to work on your volleyball mechanics and skills in a fun and competitive environment for all ability levels! Learn defensive and offensive fundamentals and develop game strategies. Athletes will build on their serving, passing, setting, blocking, digging, and hitting skills; ball control; footwork; and speed to give them an advantage on the court.

Camp runs daily from 5:30 p.m. to 8:30 p.m. in Mercy's gymnasium. Registration closes on June 15 for Session 1 and July 20 for Session 2. The fee for registration is \$215.





A Magical Summer at Mercy



Get ready for an active and creative summer!

Lacrosse Camp: July 17—July 20

Team up with other girls who have a passion for lacrosse. No matter your position or ability level, you'll be challenged, develop your skills, and have fun! You'll learn new individual skills and fine-tune old ones. Athletes will build on the fundamentals, including stickwork and speed, and will transfer these skills into game-like experiences.

Camp runs daily from 5:00 p.m. to 7:30 p.m. on Sisters of Mercy Field. Registration closes on July 6. The fee for registration is \$200.

Field Hockey Camp: July 31—August 3

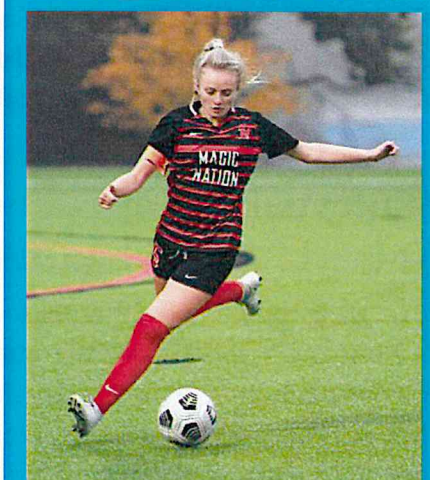
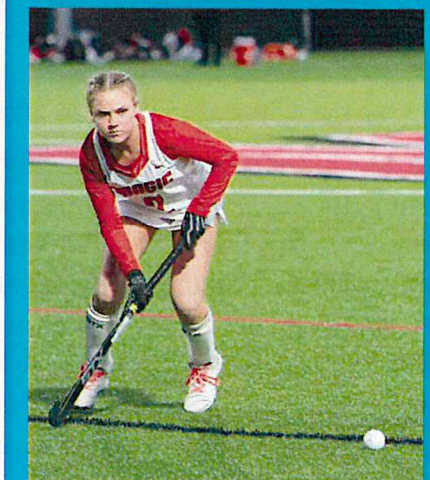
Improve your field hockey game at Mercy's four-day field hockey camp while having fun and building friendships! Through a variety of field hockey drills, you'll practice important techniques including dribbling, passing and receiving, ball control, shooting, defensive tackling, positioning, and scanning and tracking. Beyond the fundamentals, our coaches will take your game further with offensive and defensive tactics, game strategies, and positional changes. You'll use what you've learned in full-field games.

Camp runs daily from 5:00 p.m. to 7:30 p.m. on Sisters of Mercy Field. Registration closes on July 13. The fee for registration is \$200.

Soccer Camp: August 7—August 10

Build your confidence, communication, and cooperation on the soccer field at Mercy's soccer fundamentals camp! No matter your ability level, you'll have fun and be challenged during drills and mock games. From speed and agility training to team and individual drills, you're sure to improve every aspect of your soccer game and prepare well for high school soccer tryouts.

Camp runs daily from 5:00 p.m. to 7:30 p.m. on Sisters of Mercy Field. Registration closes on July 27. The fee for registration is \$210.



For more information and to register, visit





Dear New Mercy Family,

Mercy High School manages all student medical information via an online database management system. This management system is called Magnus Health SMR (Student Medical Record). As this is a web-based system, you will have continuous access to your child's health record as well as the ability to make updates when needed.

On **July 6, 2023**, you will receive an email from service@magnushealthportal.com granting you access to your account. The email will include an assigned username and the opportunity to create your own password. You will have one week to access your account for setup. After one week, **the link will expire**. Check both your inbox and spam folder for this email invitation. **Please have your medical provider complete the attached forms and once completed upload these forms to your Magnus Health online account!** We ask that you enter all required health information into your Magnus Health SMR account for each child attending Mercy no later than **July 24, 2023**.

To access your Magnus Health Account:

On July 6, you will receive an email from service@magnushealthportal.com inviting you to create your password for your account. You will log into <https://secure.magnushealthportal.com/> with your username/password to access your child(ren)'s Magnus Health account(s).

Questions or Problems?

If you are having difficulty navigating the Magnus system, entering data online, or downloading the hardcopy coversheets and forms, or if you have any other questions, please contact customer support at Magnus Health SMR by phone at (919) 502-7689 or by email at service@magnushealthportal.com. You are also welcome to contact the school nurse at mrizzi-ayd@mercyhighschool.com

Please plan on completing all Magnus Health forms and requirements for each enrolled child by July 24, 2023. Participation in Freshman Orientation will be withheld for any account that is not up to date.

Thank you. We appreciate your participation in using Magnus Health.

Sincerely,

Mary Rizzi-Ayd RN, BSN, BA
School Nurse



MERCY HIGH SCHOOL

PHYSICAL EXAMINATION FORM

(To be completed and signed by Physician / Nurse Practitioner / Physician Assistant)

Name: _____ DOB: _____ Age: _____ Examination Date: _____

Height: _____ Weight: _____ BP: _____ Pulse: _____ Temp: _____

Vision: _____ WNL _____ Glasses _____ Contacts _____ Were immunizations given today? _____ No _____ Yes

**If immunizations were given today, OR student is new to the school, please attach an updated immunization record.*

PE FINDINGS

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/Orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/Murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: (Please explain any abnormal findings.)

Allergies: _____

List of any Medications: _____

Does the student have a health condition, which may require **EMERGENCY ACTION** or **ongoing monitoring while at school**?

_____ Yes _____ No

Explain: _____

The student named at the top of this form has been _____ **CLEARED OR** _____ **NOT CLEARED** to participate in all physical activities/sports at Mercy High School without restrictions.

If **not** cleared for **all** physical activity without restrictions, the specified activities which I recommend she **DOES NOT** participate in are:

_____/ Date: _____

SIGNATURE OF MEDICAL EXAMINER MD, NP, PA

Name, Address & Phone of Examiner (stamp mandatory)



MERCY HIGH SCHOOL

A NEW FORM IS NEEDED EACH SCHOOL YEAR

OVER-THE-COUNTER PERMISSION/AUTHORIZATION FORM

The Over-the-Counter Medication Permission/Authorization Form is to be completed, signed and returned to Mercy High School by the first day of orientation. Part I is to be completed (check yes or no) and signed by a parent/guardian. Part II is to be completed and signed by your daughter's physician. No medications of any type will be given to your daughter until this form, Part I and Part II, is completed and on file in the Health Office. It is school policy and state law that no student may carry or take any medications unless under the supervision of the school nurse/school administrators.

PART I: Parent Consent for Administration of Over-the-Counter Medication

Student's Name _____ Year of Graduation _____

Known Allergies _____

Medications Taken Regularly _____

Check the over-the-counter medications listed below that you wish to be available to your daughter in school.

- | | | | | | | | | | |
|------------------------------------|-----|-------|----|-------|----------------------------------|-----|-------|----|-------|
| 1. Acetaminophen (generic Tylenol) | Yes | _____ | No | _____ | 5. Neosporin bacitracin ointment | Yes | _____ | No | _____ |
| 2. Ibuprofen (generic Advil) | Yes | _____ | No | _____ | 6. Hydrocortisone cream .5-1% | Yes | _____ | No | _____ |
| 3. Antacid (generic Tums) | Yes | _____ | No | _____ | 7. Benadryl | Yes | _____ | No | _____ |
| 4. Cough Drops | Yes | _____ | No | _____ | | | | | |

I give permission for my daughter to receive the above medications that I have checked during school hours to be administered by the school nurse.

Parent/Guardian Please PRINT Clearly

Parent/Guardian Signature

Part II: Physician Authorization Form for Over-the-Counter Medications

Student's Name _____

- | | | | | |
|--|-----|-------|----|-------|
| 1. Acetaminophen (325 mg) 1-2 tabs po q4hr pm
(for headache, fever, mild muscle discomfort, menstrual cramps) | Yes | _____ | No | _____ |
| 2. Ibuprofen (200 mg) 1-2 tabs q4-6 hr prn
(for headache, mild to moderate muscle discomfort, menstrual cramps) | Yes | _____ | No | _____ |
| 3. Antacid (Tums) 1-2 tabs po
(for mild to moderate gastric hyperacidity) | Yes | _____ | No | _____ |
| 4. Cough drops 1-2 po prn
(for mild throat irritation or cough) | Yes | _____ | No | _____ |
| 5. Bacitracin/Neosporin ointment topical
(for minor cuts, skin abrasions) | Yes | _____ | No | _____ |
| 6. Hydrocortisone cream 0.5-1% topical
(for insect bites, mild rashes) | Yes | _____ | No | _____ |
| 7. Benadryl 25 mg to 50 mg po q4-6 hrs prn
(for allergic reactions) | Yes | _____ | No | _____ |

Physician's Signature

Date

***Stamp** physician name, address
and phone number here.
(mandatory)



This order is valid only for school year (current) _____ including the summer session.

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school
- * The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: ☐ None expected ☐ Specify: _____

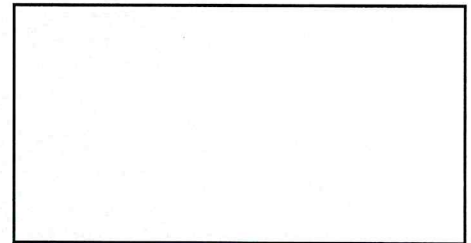
Medication shall be administered from: _____ to _____
Month/Day/Year Month/Day/Year

Prescriber's Name/Title: _____
(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Prescriber's Address Stamp mandatory)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

Parent/Guardian Authorization

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Self Carry/Self Administration of Emergency Medication Authorization/Approval

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____
Signature Date

School RN approval for self carry/self administration of emergency medication: _____
Signature Date

Order reviewed by the school RN: _____
Signature Date

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST
FIRST
MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE _____ / _____ / _____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr
1													
2													
3													
4									Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
 Office Address/ Phone Number

- Signature _____ Title _____ Date _____
 (Medical provider, local health department official, school official, or child care provider only)
- Signature _____ Title _____ Date _____
- Signature _____ Title _____ Date _____

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____ / _____ / _____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

