

The Fun House Day Care, Inc.

Immunization Record

(Must be filled out for any child that is not attending public or private school)

Child's Full Name: _____

Month/Day/Year

1. Measles _____

2. Mumps _____

3. Rubella _____

4. Diphtheria _____

5. Pertussis _____

6. Polio _____

7. Tetanus _____

8. Haemophilus Influenza type b (Hib) _____

I (we) authorize Carrie Morrison or her staff on duty at the time to
obtain emergency medical care for my child

_____, if necessary at any time that the
child is in her care.

Parent's Signature

Date