

Student Name: _____ Parent Signature: _____ Date: _____

BALDWINVILLE CENTRAL SCHOOL DISTRICT
Baldwinsville, New York 13027

Dear Parents and Guardians:

Below is a list of immunizations required for admission to New York State schools. The school nurse will review your immunization records and contact you if any of the required vaccinations are missing. Completed **immunization records** must be received **on** or **before the first day of school**. **Your child will be excluded from school within two weeks if all required information has not been received.**

The state mandates medical inspections (exams) performed within the last school year for students new to the district (including kindergarten) and those in grades 2, 4, 7, and 10. Once your own provider has performed your child's physical, send a copy of that physical to the school nurse. If you are having difficulty arranging a private physical, please contact your school nurse.

It is the responsibility of the parent or guardian to furnish the school with a certificate of immunizations. Foreign students must provide an appropriately translated record.

Immunization Law

To prevent Communicable Disease and because the State of New York requires that all school students be immunized; no student will be allowed to attend the Baldwinsville Central Schools without proof of the following minimum requirements:

Name of Immunization	Number of Doses Required
Diphtheria Toxoid (usually administered as DPT, DT, DTaP or TD)	3 doses
Pertussis and Tetanus (Children born on or after January 1, 2005)	3 doses
Poliovirus (OPV, IPV or eIPV)	3 doses
Hepatitis B (K-12 students born on or after 1/1/93) (Preschool children born on or after 1/1/95)	3 doses
Measles (first administered after 12 months of age and second after 15 months of age)	2 doses
Mumps and Rubella (administered after 12 months of age)	1 dose each
Haemophilus influenzae type b (Hib) (Preschool children only)	3 doses of conjugate vaccine or 1 Hib if administered over 15 months of age.
Varicella	1 dose for child born on or after 1/1/1998 or after 1/1/94 & enrolling in Gr.6
Pertussis Booster (administered as a Tdap vaccine)	1 dose for children born on or after 1/1/94 & enrolling in Gr. 6

Acceptable proof of immunization should be provided in a form of certificate from physician or clinic specifying types and dates of immunization or disease; or blood test results that shows proof of immunity.

If either one of the exceptions listed below apply, it is necessary to provide a Physician Certification of Exemption or complete the Request for Religious Exemption to Immunization. The Religious Exemption document can be obtained at the District Registration Office.

1. If any licensed physician certifies that such immunizations may be harmful to a child's health, the requirements of the law will not apply until such immunizations are found to be no longer detrimental to the child's health.
2. If the child's parents or guardians are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, no immunization certification shall be required as a requisite to such a child being admitted or received in school or attending school. This request must be reviewed, and approved by the superintendent.

If you care to take advantage of an **Immunization Clinic**, one is available through the Onondaga County Department of Health. However, your child's immunization record **must** be presented at the clinic before your child can receive any immunizations. A parent or legal guardian **must** accompany the child. Sliding fee schedules are available for those who may need financial assistance. If you have any questions in regards to the clinic, their phone number is **435-3287**.

The School Health Care Team