



After School Kindness, Inc. Immunization Forms Instructions

Thank you for enrolling your child in the After School Kindness, Inc. program! View the information below and follow the easy three-step instructions. Once your immunization form has been completed & uploaded, it will go through the reviewal process and be approved through our childcare enrollment app called: HiMama. Download the HiMama app today to view your child's attendance, billing, and all other tax information or view www.himama.com.

The immunization form made simple:

- 1) Please fully transcribe your child's immunization record information onto After School Kindness, Inc.'s provided form below. This step is mandatory for our licensing and state inspectors to be able to view all important information on the same form.
- 2) Scan / copy the original immunization form **WITH** the Doctors signature. We **MUST** have a Doctors signature provided or we will not be able to accept the form.
- 3) By state laws, steps (1) and (2) must be completed before we can accept your child into our program. Once you have completed it please upload it into the HiMama online/app enrollment. Please feel free to reach out if you have any questions we can help you with to make the enrollment process easy!

Is your child is exempt from immunizations? You can fill out this Immunization Exemption Form online and submit it in the same way you would if you had an immunization form. State regulations have a mandatory training course called (*Online Immunization Education Module*) at the bottom of their website that will give you a Downloadable Certificate of Nonmedical Exemption for your child.

Click this link: <https://cdphe.colorado.gov/vaccine-exemptions>

Thank you! We look forward to serving you and your family.

After School Kindness, Inc. State Required Childcare Immunization Form

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given				
Hep B	Hepatitis B				
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)				
DT	Diphtheria, Tetanus (pediatric)				
Tdap	Tetanus, Diphtheria, Pertussis				
Td	Tetanus, Diphtheria				
Hib	<i>Haemophilus influenzae</i> type b				
IPV/OPV	Polio				
PCV	Pneumococcal Conjugate				
MMR	Measles, Mumps, Rubella				
Varicella	Chickenpox			Healthcare Provider Documentation Date	Lab Verification Date
Vaccines recorded below this line are recommended. Recording of dates is encouraged.					
HPV	Human Papillomavirus				
Rota	Rotavirus				
MCV4/MPSV4	Meningococcal				
Hep A	Hepatitis A				
TIV/LAIV	Influenza				
Other					

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
Update Signature _____ Date _____
- D) Complete for K-5th Grade**
Up to date for K-5th Grade for Colorado School Immunization Requirements
Update Signature _____ Date _____
- * If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

