

THE SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF STUDENT SUPPORT SERVICES
440 NORTH BROAD STREET
PHILADELPHIA, PA 19130

KARYN LYNCH
CHIEF

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Statement of Intent to Immunize

If a child does not have all the doses or needs additional doses, and a medical plan (red and white card) obtained from the doctor's office cannot be provided immediately, please fill out the form below and submit it within the first five days of school for obtaining the required immunizations:

I, _____, have arranged for my child _____
(Name of parent/guardian) (Name of Child)

to have the required immunizations on , _____,
(Date of Appointment)

Signature

Date