

# School Immunization Record

This document is part of the student's permanent record (cumulative folder) as defined in the Education Code and shall transfer with that record. Local health departments shall have access to this record.

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
<b>POLIO (OPV or IPV)</b>					
<b>DTP and/or DT / Td</b> (Diphtheria, tetanus and [acellular] pertussis or tetanus and diphtheria only)					
<b>MMR</b> (Measles, mumps and rubella)					
(Required only for child care and preschool) <b>HIB MENINGITIS</b> (Haemophilus B)					
(Required only for childcare, preschool, kindergarten, and 7th grade) <b>HEPATITIS B</b>					
<b>VARICELLA (Chickenpox)</b>					
TB SKIN TESTS	Type*	Date Given	Date Read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other				<input type="checkbox"/> Pos <input type="checkbox"/> Neg
*If required for school entry, must be Mantoux unless exception granted by local health department.					
<b>CHEST X-RAY</b> (Necessary if skin test positive.)	Film date: ___/___/___ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no				

To the best of my knowledge, the above information is true and accurate.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# EMERGENCY MEDICAL TREATMENT PERMISSION

## Grayson Christian School

4400 E. Hwy 82  
Sherman, TX 75090  
903-892-3304

I (we) hereby grant the school principal or staff permission to take whatever steps they deem necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

1. Attempting to contact a parent or guardian.
2. Attempting to contact a child's physician.
3. Attempting to contact a parent or guardian through any of the persons listed on the emergency information form relating to the child.
4. Calling another physician, if the child's physician is not reached.
5. Calling an ambulance.
6. Having a child taken to an emergency room in the company of a staff member.

I agree that any expense incurred under steps 4, 5, or 6 above will be my responsibility as the undersigned parent/guardian.

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Relative's name and phone in case parent cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Other helpful emergency information the school should know: \_\_\_\_\_

---

---

---

---

---