

**STUDENT PERSONNEL**  
*Series 500*

Policy Title: IMMUNIZATION REQUIREMENTS

Code: 505.8

Immunization Requirements

The District is required to provide educational services to all school age children who reside within its boundaries. Attendance at school may be denied to any child who does not provide an immunization record to the school regarding the child's immunity to certain childhood diseases. Immunity requirements are met if the child has received or is in the process of receiving immunization as specified by the Board of Health and Welfare or has previously contracted the disease. The parent or legal guardian of the child must comply with the immunization requirements at the time of admission and before attendance for the child.

Summary of Immunization Requirements			
Immunization Requirement	Child born after 9/01/2005	Child born after 9/01/99	Child born on or before 9/01/99
Measles, Mumps & Rubella (MMR)	2 doses	2 doses	1 dose
Diphtheria, Tetanus, Pertussis	5 doses	5 doses	4 doses
Polio	4 doses	3 doses	3 doses
Hepatitis B	3 doses	3 doses	3 doses
Hepatitis A	2 doses	0 doses	0 doses
Varicella	2 doses	0 doses	0 doses

Summary of Seventh Grade Immunization Requirements		
Immunization Requirement	Child admitted to 7 <sup>th</sup> grade prior to the 2011-2012 school year	Child admitted to the 7 <sup>th</sup> grade during the 2011-2012 school year and each year thereafter
Diphtheria, Tetanus, Pertussis	0 doses	1 dose
Meningococcal	0 doses	1 dose

<b>Summary of Twelfth Grade Immunization Requirements</b>		
<b>Immunization Requirement</b>	<b>Child admitted to 12<sup>th</sup> grade during 2020-2021 school year and each year thereafter, if student received their first dose of Meningococcal vaccine at 16 years of age or older, or if student has never received a dose.</b>	<b>Child admitted to the 12<sup>th</sup> grade during 2020-2021 school year and each year thereafter, if student received their first dose of Meningococcal vaccine before the age of 16</b>
Meningococcal	1 dose	2 doses

### Immunization Certification

The immunization record must be signed by a physician or physician’s representative or another licensed health care professional including osteopaths, nurse practitioners, physicians’ assistants, licensed professional nurses, registered nurses, and pharmacists stating the type, number, and dates of the immunizations received.

### Intended Immunization Schedule

The schedule of intended immunizations statement must be provided by the parent or legal guardian of a child who is in the process of receiving or has been scheduled to receive the required immunizations. A form is provided by the Department of Health and Welfare or a similar one may be used provided it includes the following information.

1. Name and date of birth of child;
2. School and grade child is enrolling in and attending;
3. Types, numbers and dates of immunizations to be administered;
4. Signature of the parent, custodian or legal guardian; and
5. Signature of a licensed health care professional providing care to the child.

Children admitted to school and failing to continue the schedule of intended immunizations will be excluded from school until documentation of administration of the required immunizations is provided by the child’s parent, custodian or legal guardian.

### Exemptions

1. Any child who submits a certificate signed by a physician licensed by the State Board of Medicine stating the physical condition of the child is such that all or any of the required immunization would endanger the life or health of the child is exempt from the immunization requirements.
2. Any minor child whose parent or guardian submits a signed statement to school officials stating their objections on religious or other grounds is exempt from the immunization requirements.

3. A child who has laboratory proof of immunity to any of the childhood diseases listed above will not be required to be immunized for that disease.
4. A child who has had Varicella (chickenpox) diagnosed by a licensed physician upon personal examination will not be required to be immunized for the disease provided they submit a signed statement from the diagnosing physician.

A child exempted under one of the above requirements may be excluded by the District in the event of a disease outbreak.

### Reporting

The District shall submit a report of each school's immunization status to the State Department of Education on or before the first day of November of each year. The report shall include:

1. Inclusive dates of the reporting period;
2. Name and address of the school, District, and county;
3. Grade being reported and total number of children enrolled in the grade;
4. Name and title of the person completing the report form;
5. Number of children who meet all of the required immunizations listed in the tables above;
6. Number of children who do not meet all of the required immunizations listed in the tables above, but are in the process of receiving the required immunizations; and
7. Number of children who claimed exemption to the required immunizations listed in the tables above.

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### **LEGAL REFERENCE:**

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|----------------|-------------------------|
| I.C. § 39-4801 | Immunization Required   |
| I.C. § 39-4802 | Immunization Exemptions |

Date of Adoption: October 17, 2011  
AMENDED: 8/17/2020