

# Camp Wethonkitha Annual Immunization Record Form

Cole Center Family YMCA • 700 Garden Street, Kendallville, IN 46755 • 260.347.9622 • [www.coleymca.net](http://www.coleymca.net)

Kendallville Park & Recreation Department • 211 Iddings Street, Kendallville, IN 46755 • 260.347.1064 • [www.kendallville-in.org](http://www.kendallville-in.org)

**Child's Information:** Please print clearly with complete information. School: \_\_\_\_\_ Grade Fall '21: \_\_\_\_\_

Child's Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home#: \_\_\_\_\_ Day#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of contact:  day  cell  home  email Email: \_\_\_\_\_

**Please record date of immunizations below or attach the shot record from your family physical or school nurse:**

	1	2	3	4	5
Hep B					
DtaP / DTP / Td					
Hib					
MMR					
IPV					
Varicella					
PCV / Prevanar					

**Required - Last Tetanus Shot (Month/Year)**

Child has documented history of varicella disease \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, age \_\_\_\_\_

\*Please note varicella or documented immunity (chicken pox) are required for participation in the program.

PCV/Prevanar is also required when age appropriate.

**Please check the appropriate response:**

- Child has received complete age-appropriate immunizations
- Child is currently in the process of receiving complete age appropriate immunizations

Comments (please list immunizations excluded for medical reasons):

Parent comments (please indicate religious objection, if any):

**Parent OR Health Care Provider Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title (required):** \_\_\_\_\_