TEMPLATE STUDENT VACCINATION ATTESTATION FORM

**Parents / Guardians:** Please complete this form for your vaccinated student(s). We will use this information to calculate the vaccine rate for the school.

Once 80% of eligible students are vaccinated, the mask requirement will be lifted for vaccine-eligible students and staff. When this happens, you will receive more information about the transition process.

We request that you voluntarily share this information to assist in calculating the 80% rate referenced above. If you decline to provide this information for your eligible student(s), they will be considered to be not vaccinated, and will not count toward the 80% vaccination goal.

Student Information:

|  |  |
| --- | --- |
| **Last Name:** | **First Name:** |
| **Date of Birth:** | **Grade:** |
| **Homeroom / Team / Classroom (if applicable):** |  |

Student Vaccine Information:

I attest that my student has received a COVID-19 vaccination:

**Date of First Dose:** **Type of Vaccine:** Pfizer, Moderna, J&J, other:

**Date of Second Dose:** **Type of Vaccine:** Pfizer, Moderna, J&J, other:

By signing below, I attest that the information above is true and correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Parent or Guardian |  | Parent / Guardian Name |  | Date |

**Parent / Guardian Contact Information**

**Email: Phone Number:**

School Use Only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Form Received:** |  | **Evidence Type:**  | Photocopy of Vaccine Card / IMR Record | Parent provided Card / Record |