



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

MEASLES VACCINATION PARENT ACKNOWLEDGEMENT

Please fill in the requested information below to the best of your ability for each child attending camp*:

Name:	Date of Birth:
Vaccine	Date (month/day/year)
MMR First Dose	
MMR Second Dose	
<input type="checkbox"/> My child attends a Chicago Public School.	

By signing the below, I acknowledge that the vaccine records above are accurate. I also understand that if I cannot find/provide my record, my child may be excluded from the camp.

Signature of Parent:

Name of Parent: _____ Date: _____

*Parents/legal guardians can call the child's healthcare provider office or school to obtain immunization records if there are no copies at home. If your child attends a Chicago Public School, please check the box.

Parents can also contact Chicago Department of Public Health Immunization Program directly at 312-746-6129 to submit a request to check the state immunization registry.