



Legacy Leadership Academy

Summary of Immunizations

Child's Full Name: _____ DOB: _____

Grade Entering: _____

North Carolina General Statutes (130A-155) require all students to submit **current record of immunizations within 30 days of their first day of school attendance.** Failure to do this will result in suspension of the student, as required by law.

Father's Full Name [*print*] _____

Mother's full name [*print*] _____

Address _____

Address _____

Vaccines	Date of Administration (Month/ Day/ Year)				
DTP/DTaP (Diphtheria/Tetanus/Pertussis)					
Td/Tdap (specify) (Tetanus/Diphtheria)					
Polio					
Measles (Rubeola)					
Mumps					
Rubella (German Measles)					
Hib (Haemophilus Influenzae B)					
Hepatitis B					
Varivax					
Other (Specify)					

I certify that the above named child received the listed vaccinations on the dates specified:

Physician's Signature: _____ Date: _____

Name/Address/Phone Number of Practice/Clinic (stamp):

***Please return to the School Nurse within 30 days of school attendance.