



**PERSONS AUTHORIZED TO PICK UP MY CHILD**

Child's Name \_\_\_\_\_

**Only the people listed below (with photo ID) will be able to pick up your child.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Back to Basics \_\_\_\_\_ Date \_\_\_\_\_

**Immunization Schedule for Normal Infants/Children**

Please provide us with an updated copy of your child's shot records each time your child receives an immunization.

The Immunization Practices Advisory Committee (ACIP) recommends the following childhood immunization schedule.

2 months	DTP, OPV, HbCV-a, HbCV-b	DTP	Diphtheria, Tetanus, Pertussis
4 months	DTP, OPV, HbCV-a, HbCV-b	OPV	Oral Polio Vaccine
6 months	DTP, HbCV-a	HbCV	Haemophilus b Conjugate Vaccine
12 months	HbCV-b	HbCV-a	HbOC is given at 2, 4, 6, & 15 mos
15 months	DTP, OPV, HbCV-a, MMR	HbCV-b	PRP-OMP is given at 2,4, & 12 mos
4-6 years	DTP, OPV, MMR	MMR	Measles, Mumps, and Rubella
14-16 years	Td (every ten years)	Td	Tetanus and Diphtheria