



Storiann Camps
Program Coordinator
campss@bcasd.com

BAKERSFIELD CITY SCHOOL DISTRICT

STATE PRE-K ADMINISTRATION OFFICE, 1111-10TH STREET
BAKERSFIELD, CALIFORNIA 93304
(661) 631-4936
FAX: (661) 859-0513



May 1, 2017

Dear Parent/Guardian Volunteer:

California Department of Social Services Health and Safety Code (Section 1596.7995) now prohibits a person from being employed or volunteering in our California State Preschool Program (CSPP) classrooms without evidence of the following required immunizations:

- ✓ Influenza/flu (between August 1 and December 1 of each year)
- ✓ Pertussis/Whooping cough (Tdap)
- ✓ Measles (MMR)

Please complete and submit the required documentation to the BCSD State Pre-K Administration Office, 1111 - 10th Street, for each adult classroom volunteer with your child's 2017-18 registration forms. For additional forms, please contact your child's teacher or the State Pre-K Administration Office.

Any volunteer who has not fulfilled this requirement, will not be allowed to volunteer in our classrooms and will delay your child's enrollment in the CSPP. Per your signed enrollment agreement, parent involvement is an essential part of building the home-to-school partnership for our youngest learners.

Where can I possibly get adult immunizations?

- Check your medical or immunization records first – you may have already received the required vaccines. Click <http://cairweb.org/wheres-my-immunization-record/> for more information on locating records.
- Check with your regular health care provider to get needed vaccines.
- Your [local pharmacy https://vaccinefinder.org/](https://vaccinefinder.org/) may also give Tdap and other vaccines, either covered by your health plan or for a fee.
- Many [local health departments](#) offer vaccines at lower cost.
- If you don't have a health care provider, get one! If you are uninsured, make an appointment at a [Federally Qualified Health Center](#) (FQHC), Rural Health Clinic (RHC), or community clinic for vaccines.

For further information and/or clarification, don't hesitate to contact the State Pre-K Administration Office at the address and/or phone number above.

Thank you for your partnership in your child's early education.

Sincerely,

Storiann Camps, Coordinator
Bakersfield City School District
State Pre-Kindergarten Program

Attachment

"One District, One Team, One Voice!"

BAKERSFIELD CITY SCHOOL DISTRICT
2016-17 IMMUNIZATION FORM

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB792

Name: _____

Address: _____

Phone: _____ Email: _____

Pre-K Site: _____

Position: _____

Pre-K Child's Name: _____

Please select one of the following:

Immunization Satisfied

I have been immunized by a California-licensed medical provider against each of the following diseases: Influenza (between August 1 and December 1 of each year), Pertussis/Whooping Cough (Tdap), and Measles (MMR). Enclosed is a copy of my immunization record as proof of my vaccinations.

Exemption from Immunization

I have not been immunized by a California-licensed medical provider against any or all of the following diseases: Influenza (between August 1 and December 1 of each year), Pertussis/Whooping Cough (Tdap), and Measles (MMR). I believe I am exempt from immunization for the following reason(s):
(Please select all applicable options.)

Health Exemption: I cannot safely receive immunization for the disease(s) *(please specify)* _____ due to my physical condition and/or medical circumstances. Enclosed is a **written statement from a California-licensed physician** declaring so. I understand that the District is not seeking a diagnosis or other confidential information regarding my health or medical background, but is only seeking a declaration from a qualified medical provider that I satisfy the criteria for this exemption, as required under California law (physician's note required).

Current Immunity Exemption: I do not require immunization for the disease(s) *(please specify)* _____ because I have current immunity. Enclosed is a **written statement from a California-licensed physician** declaring so. I understand that the District is not seeking a diagnosis or other confidential information regarding my health or medical background, but is only seeking a declaration from a qualified medical provider that I satisfy the criteria for this exemption, as required under California law.

Influenza Vaccine Declined: I do not wish to receive the Influenza vaccine. By making this selection, I hereby declare that I am declining the Influenza vaccination at this time.

Influenza Vaccine Not Required: The Influenza vaccination requirement does not apply to me because I was hired sometime between December 1, 2015 and August 1, 2016. I understand that this exemption applies only to the immunization requirement for Influenza, not to Pertussis and Measles, and only during the first year of my employment and/or volunteer service.

I certify (or declare) under penalty of perjury under the laws of the State of California that all of the information contained herein, as well as all documentation submitted in corroboration of the information contained herein, is true and correct.

Signature: _____

Date: _____

Delivery Instructions:

Please complete this form and submit with all required records and documentation at the time of registration to the following:

Your child's teacher OR the

State Pre-Kindergarten Administration Office
Bakersfield City School District
1111 – 10th Street, Bakersfield, CA 93304
Phone: (661) 631-4936