

NATRONA

COUNTY SCHOOLS

VARICELLA (CHICKENPOX) VERIFICATION STATEMENT

Please print clearly and return to school nurse

(Favor de escribir con letra clara y regresar esta hoja a la enfermera de la escuela)

In order for any child/student to attend a child-caring facility or school in the state of Wyoming, that child/student should have received two doses of the varicella (chickenpox) vaccine or have a documented history of the disease in order to help prevent chickenpox outbreaks (Wyoming Statute 21-4-309).

By signing this statement, I am verifying that _____ (name of child/student) has had the chickenpox disease approximately on or about _____ (date/year) and does not need the chickenpox vaccine.

I understand that this document will be included in the child/student's permanent school record.

(Para que un niño pueda asistir a la escuela o guardería en el estado de Wyoming, el niño deberá tener dos vacunas contra la varicela o tener una historia medica comprobando que el niño tubo la enfermedad. Todo esto es para prevenir un brote de varicela (Wyoming Statute 21-4-309). Con firmar esto, verifico que _____ (nombre del niño) tuvo la enfermedad de la varicela en la fecha aproximada de ____ (mes/año) y no necesita la vacuna contra la varicela. Entiendo que este documento será incluido en el historial permanente de mi hijo.)

Printed name of parent (or legal guardian or managing conservator*), school nurse or physician
(Nombre en mano-escrito del padre/madre, tutor legal, enfermera o doctor)*

Relationship to child/student
(Relación al niño)

Signature
(Firma)

Date Signed
(Fecha)

FOR SCHOOL USE ONLY:

Printed Name of School Nurse: _____

School: _____ Date Received: _____

* Appropriate copies of court documents must be included with this statement if signed by a legal guardian or managing conservator.
(Se necesita copias de la corte mostrando la custodia legal si firmó un tutor)*