



Mr. Thomas O'Malley
 Superintendent

Mr. William Sanderson
 Assistant Superintendent/Principal

Dear Parents/Guardians,

The State of Illinois requires students entering sixth and **twelfth grade** to show proof of having a recent **meningococcal vaccination** (MCV4). This vaccine will protect your child from a severe form of bacterial meningitis as well as other illnesses caused by this bacterium.

All twelfth grade students will need to show proof of receiving **two** doses of MCV4. However, if the first dose was administered after **16 years** of age, then only **one** dose is required. Some students may have already received this since it has been a recommended vaccine in the recent past.

Please take this form, along with your child's vaccine record, to your healthcare provider to have it completed **prior to the start of twelfth grade**.

Student Name: _____ **Date of Birth:** _____

Meningococcal Vaccine (MCV4) #1 given on: _____

Meningococcal Vaccine (MCV) #2 given on: _____

Healthcare Provider's Signature: _____

Healthcare Provider Name and Address printed or Office Stamp:

*****This form (or other proof) must be completed and returned to the School Nurse before the school year begins*****

Failure to comply will result in your child being EXCLUDED from school.

Completed forms may be emailed to vtracy@evergreenpark.org