

NO SHOTS, NO SCHOOL

Barrier-Free Immunizations

Student last name	Student first name	Date of birth
Clinic name	Fax	Phone
Address	City	

Minnesota and Wisconsin law require immunizations, or written proof of exemption, for children to attend elementary or secondary school. Parents and Guardians can find more information here:

Minnesota - Are Your Kids Ready? <https://www.health.state.mn.us/people/immunize/basics/readykidswhento.pdf>

Wisconsin- <https://www.dhs.wisconsin.gov/immunization/reqs.htm>

Check with your child's regular doctor or clinic about the required immunizations. If your child does not have a regular clinic, or is unable to get an appointment, your child will be able to get shots at a No Shots No School clinic*. This clinic will provide immunizations without charging for the vaccines or requiring a doctor's visit. If your child has health insurance or is enrolled in a medical assistance (MA) program, insurance will be billed.

* <https://www.healthpartners.com/care/everyday/kids-health/no-shots-no-school/>

Parent

Child under the age of 18 must be accompanied by parent or guardian.

- ✓ Bring this form to the receptionist at the clinic.
- ✓ If you have insurance, bring your insurance card to the clinic. If your insurance does not cover immunizations, tell clinic staff.
- ✓ Bring a copy of your child's immunization record and this form back to school to show that your child has received required vaccines.
- ✓ **If you receive a bill for immunizations, contact the clinic. Ask for customer service and tell them you received a bill for shots received through No Shots No School.**

School To Complete

- Clinic information (name, address, phone number) is noted in the box on top of this form.
- Student's immunization record is noted on table or is attached (include data from MIIC) **OR**
- No immunization record is attached (no data in MIIC)

Vaccine	Note month, day and year				
	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
DTP/DTaP					
Td					
Tdap					
Polio					
Hepatitis B					
MMR					
Meningococcal					
Varicella					

↳ Or year student had varicella disease:

School		
School office phone		
Health office phone	Fax	School nurse or staff

Clinic To Complete

- Copy of immunization record (including immunizations given) attached to this form and parent instructed to give these forms to their school.
- Copy of immunization records given to parents.
- Additional doses needed: Vaccine _____ Date due _____ Vaccine _____ Date due _____
Vaccine _____ Date due _____ Vaccine _____ Date due _____

Return this form to student/parent