

**DOCUMENTATION OF VARICELLA
(CHICKENPOX)**

Dear Parent or Guardian:

Indiana Law requires that every student in grades one through twelve be immunized against the chickenpox disease. If they have had the chickenpox, the vaccine is not required. Please complete the form below and return it to your school

My child had the varicella vaccine on _____
(Date)

Child's Name _____

Parent Signature _____

Date _____

OR

Parental history of chickenpox is acceptable as proof of immunity (no vaccine needed). A written statement from the parent / guardian indicating dates of disease and signed is all the documentation that will be required. Documentation by a physician is not necessary.

My child had chickenpox on _____
(Month) (Year)

Child's Name _____

Parent Signature _____

Date _____

Thank you for your cooperation ,

Sherry Reinhart RN BSN
School Nurse Coordinator
Seymour Community Schools