

Dear Rosebud Garden Parents:

In order to comply with state regulations, each child entering our preschool program must have on file a record of his/her immunizations.

The Commonwealth of Pennsylvania requires that schools submit immunization records to the State for tracking. However, within the Code, the State also provides an opportunity for parents to control the immunization schedule and regime for their child(ren); this portion of the Code states "Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief." When students are partially immunized or not immunized by the beginning of the school year, parents must sign and return a **Statement of Exemption**, which is located at the bottom of the immunization card.

Unvaccinated siblings of students that contract highly contagious diseases may be excluded from school for the length of the incubation period in order to protect the greater community and reduce the likelihood of a Health Department mandated exclusion for the entire school. In addition, if your child is exempt from immunizations, he/she may be removed from school during an outbreak. All records are filed with the State through the Owen J. Roberts School District annually.

Please contact Heather Gustafson at hgustafson@kimberton.org with any questions related to immunization requirements.

Heather Gustafson
Health Records, ext. 121
hgustafson@kimberton.org



Dear KWS Families,

Recently an article appeared in the New York Times about an outbreak of chickenpox at a Waldorf school in North Carolina. The fact that this article appeared in the Times is a reflection of the contentious nature of the topic of vaccinations for children. In order to avoid confusion or misinformation about how Kimberton works with vaccinations of students I am writing to share our vaccination policy and practices with you.

First and foremost, KWS follows state law and immunization requirements put in place by the state of Pennsylvania and the Pennsylvania Department of Health. Pennsylvania is one of a number of states that requires parents to immunize school age children and also allows for parents to claim a philosophical or religious exemption to vaccinating. KWS is required by the Chester County Health Department to keep records of immunizations or exemptions for all of our students and to report these records to the Health Department on an annual basis, which we do. This is why we require that all immunization records be up to date by the beginning of each school year before a student can attend classes. Heather Gustafson, our Health Records Manager is responsible for this record keeping.

If we do have diagnosed cases of chickenpox in our student body reported to us by parents, we report these cases to the Health Department as required by law. Health care providers are also required to report diagnosed cases to the Health Department. When there are active cases of chickenpox in the school community, the Health Department may decide to invoke an exclusion protocol. That protocol requires that any student be excluded from school who cannot prove immunity to chickenpox through either vaccinations records, or a blood test that shows antibodies to the chickenpox from a previous illness. The exclusion period is for 21 days and can be started again by the Health Department if new cases appear in the school. A few years ago we went through this scenario. Many of our students have started or have completed the vaccination protocol for varicella or have contracted chicken pox and are now immune. Unvaccinated siblings of students that contract highly contagious diseases may be excluded from school for the length of the incubation period in order to protect the greater community and reduce the likelihood of a Health Department mandated exclusion for the entire school.

We urge parents to consult with their health care provider in making immunization decisions in accordance with the law. We understand that there are varying viewpoints on this issue, and as the law in Pennsylvania gives parents an option in terms of vaccinating their children, we strongly recommend that parents discuss immunization with their physician. Since we are part of a community, and because our decisions potentially impact others as well as our own family, we also advise our parents to



consider their social and civic responsibility as members of the greater community when making decisions regarding immunization.

I am also including here a statement on vaccinations from AWSNA (the Association of Waldorf School of North America), which KWS is a member of:

The Association of Waldorf Schools of North America wishes to state unequivocally that our educational objectives do not include avoidance of, or resistance to, childhood immunization. The health, safety, and wellbeing of children are our forefront concerns.

- All members of our association are schools or institutions that are free to make independent school policy decisions in accordance with AWSNA's membership and accreditation criteria. Our membership and accreditation criteria require schools to be compliant with national, state, provincial, and local laws. While policy decisions regarding immunizations may vary from school to school, such decisions are made in accordance with legal requirements set by local, state, provincial or federal government.
- The Association encourages parents to consider their civic responsibility in regards to the decision of whether or not to immunize against any communicable disease, but ultimately, the decision to immunize or not, is one made by parents in consultation with their family physician.

I hope this is helpful in understand Kimberton's approach to vaccinations. If you have any questions, please feel free to contact me.

Sincerely,

Kevin Hughes, Dean of School

Name _____ Birthdate _____

Address _____ Parent or guardian _____

Telephone _____

Race/ethnicity: White Black Asian or Pacific Islander American Indian or Alaskan Native

Hispanic origin: Yes No

Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter month, day, and year when immunization doses listed below were given.				
Diphtheria, tetanus and acellular pertussis (DTaP, DTR, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or Measles serology Date Titer		
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology Date Titer		
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

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Name _____ Birthdate _____

Address _____ Parent or guardian _____

Telephone _____

Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed _____ (PHYSICIAN) Date _____

RELIGIOUS EXEMPTION

State your reason for requesting this exemption.

PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

Signed _____ (PARENT OR GUARDIAN) (Date) _____

PENNSYLVANIA DEPARTMENT OF HEALTH – MEDICAL CERTIFICATE

Name _____ Birthdate _____
 Address _____ Parent or Guardian _____
 _____ Telephone _____

Please circle present grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

VACCINE Circle appropriate item	Enter month, day and year each immunization will be given DOSES				
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or measles serology	Date	Titer
Varicella	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

Attach EHR of vaccines already given.

X _____
Signature (PLEASE CIRCLE - physician, certified registered nurse practitioner, physician assistant, local health department)

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