

THE SCHOOL DISTRICT OF PHILADELPHIA  
OFFICE OF STUDENT SUPPORT SERVICES  
440 NORTH BROAD STREET  
PHILADELPHIA, PA 19130

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*CHIEF*

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## Statement of Intent to Immunize

If a child does not have all the doses or needs additional doses, and a medical plan (red and white card) obtained from the doctor's office cannot be provided immediately, please fill out the form below and submit it within the first five days of school for obtaining the required immunizations:

I, \_\_\_\_\_, have arranged for my child \_\_\_\_\_  
(Name of parent/guardian) (Name of Child)

to have the required immunizations on , \_\_\_\_\_,  
(Date of Appointment)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date