



## **Influenza Vaccination Agreement**

This form is the foster parent’s agreement to follow the Washington Administrative Code (WAC) about yearly influenza (flu) vaccinations.

### **Agreement**

If you want to care for children under the age of 2 or medically fragile children and youth, everyone in your household (older than 6 months), including all adults, must get a flu vaccine by October 31 each year and keep proof of it.

If you or anyone in your household can’t get the flu vaccine for medical reasons, a licensed healthcare provider must fill out the Vaccine Exemption form (DCYF 15-455) to explain why the vaccine would be harmful to that household member’s health.

I agree that, if I care for children under the age of 2 or medically fragile children and youth, everyone in my household will get the flu vaccine by October 31 each year and keep proof of it.

**OR**

I agree that, if I care for children under the age of 2 or medically fragile children and youth, everyone in my household will get the flu vaccine by October 31 each year and keep proof of it, except the following household member(s) as it is harmful to their health:

For any household member(s) listed here, I will turn in a Vaccine Exemption form (DCYF 15-455) completed by a licensed healthcare provider before caring for children under the age of 2 or medically fragile children and youth. **Please upload your Vaccine Exemption form(s) or provide to your licensor.**

### **Applicant Information**

Name Applicant A \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name Applicant B \_\_\_\_\_

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_