**Brooklyn Child Care Incorporated (BCCI)**

**800 Poly Place, Brooklyn, NY 11209**

**Building #16 (Behind the VA Hospital)**

**(718) 630-2831 or (718) 608-7318**

**Flu Vaccine Mandate**

To ALL FAMILIES,

We are licensed by the New Yor City Department of Health. They now require all students must have the Flu vaccine to be enrolled in our school by the end of December of each year.

Fill out this form and return it to the Director as soon as possible.

**I understand that my child is required to have the flu vaccine every year as mandated by the NYDOMH.**

**My child is scheduled to receive the vaccine on this date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**My child received the flu vaccine on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have attached a copy of the proof of vaccination.**

Child Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_