[Note: Copy to School Letterhead]

## Varicella (Chickenpox) Verification Statement

## PLEASE PRINT CLEARLY AND RETURN TO SCHOOL NURSE

In order for any child or student to attend a child caring facility or school in the state of Wyoming, a child/student should have received two doses of the chickenpox vaccine or have a documented history of the disease in order to help prevent chickenpox outbreaks, according to Wyoming Statute (W.S.) § 21-4-309.

Wyoming Statute (W.S.) § 21-4-309.  By signing this statement, I am verifying that	
understand that this document will be included in the chil	ld/student's permanent school record.
Printed Name of Parent (or Legal Guardian or Managing Conservator*), School Nurse or Physician	Relationship to Child/Student
Signature	Date Signed
FOR SCHOOL USE ONLY:	
Printed Name of School Nurse:	
Name of School:	Date Received:

<sup>\*</sup> Appropriate copies of court documents must be included with this statement to be considered a Legal Guardian or Managing Conservator.