



# Los Angeles County Vaccine Preventable Disease Control Program

## School and Child Care Immunization Requirements: Presentation and Training Request Form



The Los Angeles County Vaccine Preventable Disease Control Program (VPDCP) offers training to schools and child care facilities on California school immunization requirements and reporting.

Complete the request form below and email VPDCP School Support Unit at [SchoolSupport@ph.lacounty.gov](mailto:SchoolSupport@ph.lacounty.gov).

|  |   |                  |
|--|---|------------------|
| <b>Facility Name:</b>  |   |                  |
| <b>Address:</b>  |   |                  |
| <b>City:</b>   |   | <b>Zip Code:</b> |
| <b>Contact Name:</b>   |   |                  |
| <b>Phone:</b>  | <b>Ext:</b>   | <b>Fax:</b>      |
| <b>E-mail:</b>   |   |                  |
| <b>Number of Staff Attending:</b><br>_____   | <b>Type of Staff Attending:</b><br><input type="checkbox"/> Nurse <input type="checkbox"/> Health Aid/Clerk <input type="checkbox"/> Other: _____     |                  |
| <b>Number of Parents/Guardians Attending:</b> _____  |   |                  |
| <b>Type of Training Requested:</b> Please check all training areas needed.   |   |                  |
| <input type="checkbox"/> Immunization Requirements for School Entry  | <input type="checkbox"/> Immunization Requirements for Entry into Child Care Programs   |                  |
| <input type="checkbox"/> Completing Blue Cards   | <input type="checkbox"/> Creating and Maintaining an Effective Follow Up System   |                  |
| <input type="checkbox"/> Conditional Admissions  | <input type="checkbox"/> Completing Fall Assessment Reports Online  |                  |
| <input type="checkbox"/> Vaccine Preventable Diseases  | <input type="checkbox"/> Other _____  |                  |
| <b>Audience:</b><br><br><input type="checkbox"/> Childcare Facility Staff<br><input type="checkbox"/> TK-12 School Personnel<br><input type="checkbox"/> Parents/Guardians | <b>Presentation</b> <input type="checkbox"/> <b>Training</b> <input type="checkbox"/> <b>Town Hall</b> <input type="checkbox"/>                       |                  |
|  | <b>Presentation:</b><br><input type="checkbox"/> Power Point<br><input type="checkbox"/> Handout Review Only<br><input type="checkbox"/> Other: _____ |                  |
| <b>Requested Date(s):</b><br>_____   |   |                  |
| <b>Requested Time(s):</b><br>_____   |   |                  |