



Belding Area Schools

The right size. The right choice.

Charles R. Barker • Superintendent

VARICELLA (Chicken Pox)

Child's Name _____ Birthdate _____

Please check the appropriate statement:

_____ My child has had the chicken pox (Varicella).

Please indicate the approximate date _____

(month/year)

_____ My child has not had the chicken pox (Varicella).

Please indicate date chicken pox vaccination received: _____

Parent/Guardian Signature: _____ Date: _____