International Student Immunization Information

Immunization Program
Nebraska Schools

In Nebraska, children can’t attend classes in public or private school until the school has written proof of their immunization status (Neb. Rev. Stat. §§ 79-217 through 79-253).

To attend school, children in Nebraska are required to be immunized against the following diseases:
• Diphtheria, tetanus, and pertussis
• Polio
• Measles, mumps, and rubella
• Hepatitis B
• Varicella (chicken pox)

Each school in Nebraska is required to keep the immunization history of the students enrolled on file. In addition, schools are required to report information on student’s immunization status annually to the Nebraska Immunization Program. School reporting is conducted on-line via survey, and the deadline is November 15 of each year.

Thank you for understanding that we have to abide by the law of our state.

If Lincoln Christian does not have the International Students Childhood Immunization/health records in addition to the above list of immunizations as required by the State of Nebraska, the international student will have their I-20 Visa cancelled and sent home.

We do not want to send any international student back home, please make sure that you send your student’s immunization records with your student to the USA in ENGLISH. Parent Signature required to state you understand this document.

__________________________ (Parent Signature) ____________ (Date)

Nebraska State Immunization Law
Updated 11.9.16
LINCOLN CHRISTIAN SCHOOL

Medical Release Authorization
International Student's Full Name: ________________________________

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<th>Student DOB</th>
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<td>Parent Name</td>
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We as parents/guardians of the named international student do hereby authorize the sponsoring host parents and or school to consent to any of the following which is deemed advisable by, and is rendered at the office of said physician/surgeon in the exercise of his/her best judgment.

- X-Ray Examination
- Anesthetic
- Medical Diagnosis or treatment
- Surgical Diagnosis or treatment
- Hospital Care
- Other Medical Procedures

Parent/Guardian Name Parent/Guardian Signature Date ________________________________

We, the undersigned, hereby waive and release all claims against the hosting family of ________________________________ for any injury, loss, damage, accident, delay or expense occurring during our child's time spent in the USA living with a host family. We also release the hosting family and agree to indemnify them, with regard to any financial obligations or liabilities that our child may personally incur or any damage or injury to the person or property of others that our child may cause while living with their host family. We understand that our child is responsible for exercising caution and common sense at all times to avoid injuries, and that the host family cannot provide supervision or support during periods of independent travel. In the event that the host family advances or loans any money to our child or incurs additional expenses on his/her behalf, we agree to make immediate repayment to whichever party provided the loan. This agreement is governed by laws of the state of Nebraska. By signing this agreement, we understand that we are giving up the right to have any claim against the hosting family, decided in court before a judge or jury case of an emergency, I give permission for my child to receive medical treatment.

Name ________________________________ Phone ________________________________

Parent/Guardian Signature ________________________________ Date ________________________________