

# Immunization Exemption Form

As the Parent/Guardian of \_\_\_\_\_, grade \_\_\_\_\_, and date of birth \_\_\_\_\_,  
I request a waiver for the following immunizations:

All required immunizations: \_\_\_\_\_

DTaP: \_\_\_\_\_

Polio: \_\_\_\_\_

MMR: \_\_\_\_\_

Varicella: \_\_\_\_\_

I understand that in the event of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time that my child will be kept out of school may vary from a week to over a month, depending upon the disease and length of the outbreak. **I ALSO UNDERSTAND THAT IF MY CHILD IS KEPT OUT OF SCHOOL, THE SCHOOL IS NOT REQUIRED TO PROVIDE OFF-SITE CLASSES OR TUTORING.** The school may make reasonable accommodations to assist my child in keeping up with class work.

I am requesting a waiver for:

Sincere Religious Belief: \_\_\_\_\_

Philosophical Reason: \_\_\_\_\_

My explanation is as follows: \_\_\_\_\_

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Signed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_

## **For subsequent years only:**

Year: \_\_/\_\_

Initials: \_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_

Date: \_\_\_\_\_

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Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Year: \_\_/\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_