

RSU # 16
Immunization Exemption Form

As a parent/guardian of _____
(Student Name)
in grade _____ and date of birth _____ I
am requesting a waiver for the following immunizations:

All required immunizations _____
Specific immunizations: DTAP _____ I/OPV _____ MMR _____
Varicella _____

I understand that in the case 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 my child will be kept out of school may vary from a week to over a month depending on 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 class or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

I am requesting a waiver for the following reason:

Sincere Religious Beliefs _____
Philosophical Reason _____

My explanation is as follows:

Signed by: _____
Relationship to student: _____
Date signed: _____

Please be advised that a new copy of this form must be signed for each school year that the request is being made.