

Union #69 - Hope Elementary/Appleton Village/Lincolnvill Central School
2020-2021 School Year – Immunization Exemption

As a parent/guardian of _____
(student name)

In grade _____, whose date of birth is _____,

I am requesting a waiver for the following immunizations:

ALL REQUIRED IMMUNIZATIONS _____

DPT/DTAP 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

IPV/OPV 1 _____ 2 _____ 3 _____ 4 _____

MMR 1 _____ 2 _____

VARICELLA 1 _____

7TH GRADE ONLY:

MENINGOCOCCAL (MCV) 1 _____

Tdap BOOSTER 1 _____

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 the 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 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 _____

MEDICAL REASON _____

MY EXPLANATION IS AS FOLLOWS:

Signature: _____

Date: _____

Print Name: _____

Relationship to Student: _____