

MSAD 49

Fairfield • Albion • Benton • Clinton

PHILOSOPHICAL/RELIGIOUS IMMUNIZATION EXEMPTION FORM

School _____ School Year _____

Student Name: _____ Grade _____ Date of Birth _____

As parent/guardian of the above named student, 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(s) 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 classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with classwork.

This form needs to be updated each school year.

I am requesting a waiver for:

- Sincere Religious Belief
 Philosophical Reason

My explanation is as follows:

Signature: _____ Print Name: _____

Relationship to student: _____ Date: _____