

SCARBOROUGH SCHOOL DEPARTMENT
P. O. BOX 370
SCARBOROUGH, ME 04074

SCHOOL: _____
IMMUNIZATION EXEMPTION FORM

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

- All required immunizations:
- Specific immunizations: DTP
 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 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 (choose one):

- Serious Religious Belief**
Philosophical Reason
Medical Reasons (must have explanation documented by physician)

My explanation is as follows:

Signed by: _____

Relationship to student: _____

Date: _____

PLEASE NOTE EXEMPTIONS MUST BE RENEWED AT THE START OF EACH SCHOOL YEAR.