

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:

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

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

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

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