**PARENTAL OR MEDICAL WAIVER FOR IMMUNIZATIONS**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named student has **NOT** received the required immunizations against the specific disease(s) checked below. Please indicate the reason why the student was **NOT** immunized.

|  | Measles (Rubeola) |  |
| --- | --- | --- |
|  | German Measles (Rubella) |  |
|  | Mumps |  |
|  | Diphtheria |  |
|  | Tetanus |  |
|  | Pertussis (Whooping Cough) |  |
|  | Polio |  |
|  | 2nd MMR |  |
|  | Hepatitis B |  |
|  | MCV4-Meningococcal |  |

If the student is not immunized for medical reasons, a medical provider’s signature is required.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical Provider**

**Parental Agreement** : I understand that, in the event of an outbreak of any disease checked above, the student name above will be subject to exclusion from school for the duration of the outbreak. Unless provided with a statement, signed by the provider, verifying the student has had the disease in question, the student cannot attend school until at least two weeks after the last reported case occurs. (A physician/provider diagnosed history of disease is accepted for measles and mumps only. A positive laboratory test is the only acceptable proof of having had rubella.)

**Signed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian**

This document must be kept on file with the above student’s permanent health record.