

Mt Ararat High School
73 Eagles Way
Topsham, ME 04086
729-2951 X264
Fax 725-0143

IMMUNIZATION EXEMPTION FORM

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

All required immunizations: _____

Specific immunizations: DPT,DTAP, DT, Td or Tdap _____

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: (check one and explain)

_____ Medical (must be accompanied by Doctor's note)

_____ Sincere Religious Belief

_____ Philosophical Reason

My explanation is as follows:

Signed by: _____

Relationship to student: _____

Date: _____

