RSU No. 5
Durham – Freeport - Pownal
Maine Immunization Exemption

Student's Name	School	Grade	Date of Birth

A written statement of a sincere religious, philosophical, or medical opposition to immunization is required. **A signature alone is not valid**. It is the responsibility of parents to complete and submit this form yearly.

I am requesting a waiver for the following immunizations:

All Required Immunizations: ☐

Or Specific Immunizations: ☐ DTAP ☐ I/OPV ☐ MMR ☐ CHICKEN POX

I am requesting a waiver for:

Sincere Religious Belief ☐

Medical* ☐

Philosophical Reason** ☐

*Medical waivers must be accompanied by a signed note from the student's physician.

**My explanation for requesting this waiver is as follows

_____

_____

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I understand that my child may be excluded from school and school activities if there is an outbreak of a disease for which he or she is not immunized. He/She will be excluded for a specified period of time from the beginning of the outbreak to a short time after the last case, depending on the disease. I also understand that if my child is excluded from 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.

Date _____ Signature of Parent or Guardian _____

Please return to:

Brenda White, BSN, RN, MS, School Nurse
Freeport High School, 30 Holbrook Street, Freeport, ME 04032
PH: 865-4706 X200
Fax: 865-2900