RSU5 Durham - Freeport - Pownal Immunization Exemption Form

Student Name:	Date of Birth:	Date of Birth:	
In accordance with MRS 20-A §6355, a student coelected a philosophical or religious exemption from to the law in effect prior to that date may continue	om immunization requirements on or before S	September 1, 2021 pursuant	
A. The parent or guardian of the student provides assistant that the physician, nurse practitioner or practitioner or practition and that parent or guardian aware of the risks are	physician assistant has consulted with that pa	rent or guardian and has	
B. If the student is 18 years of age or older, the st or physician assistant that the physician, nurse pr made that student aware of the risks and benefits	actitioner or physician assistant has consulte		
I/we have elected to have a philosophical or religion Sept 1, 2021 and are continuing to do so as this per	-		
This exemption is for the following immunization	ns:		
o All required immunizations o The following specific immunizations: O Diphtheria, Tetanus, Pertu O Polio	o Measles/Mumps/Rubello Varicella o Meningococcal disease	a	
I understand that I must provide a statement from do this annually. The Special Education Director September 1, 2021.	=		
I understand that in the case of an outbreak of a spout of school and school activities as advised by t my child will be kept out may vary depending on child is kept out of school, the school is not required may be met by making arrangements for the delive which can be accomplished at home. Any child we opportunity to make up the examinations, similar	the Maine Centers for Disease Control and Properties the disease and the length of the outbreak. I red to provide off-site classes or tutoring. The very of school assignments, correction of paperho is unable to take examinations during this	revention. The length of time also understand that if my e child's educational needs ers, and similar activities a period shall be afforded the	
Printed Name and Signature	Relationship to student	Date	
FOR SCHOOL USE ONLY			
☐ Statement from healthcare provider received.			
□ I,, the RSU the student listed above on or before September 1 religious exemption for immunization requirement		ify that an IEP is in place for n the philosophical or	
Signature		Date	

7/2021 Nsg PLC