

SAD #46 Health Services
Dexter, Exeter, Garland, Ripley

207-924-7671
epoland@sad46.org

Immunization Exemption Form

As a parent/guardian of _____, date of birth: _____,
Student Name

I am requesting a waiver for the following immunizations:

All required immunizations: _____

Specific immunizations: DTAP _____

Polio _____

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 the 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 classwork.

I am requesting a waiver for:

Sincere religious belief: _____

Philosophical reasons: _____

Any additional comments: _____

Signature: _____

Relationship to student: _____

Date: _____