



Western Foothills
Regional School Unit No. 10
 33 Nash Street, Dixfield ME 04224
 Central Office 207-562-7254
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Craig King
 Superintendent of Schools

Dr. Gloria Jenkins
 Assistant Superintendent/
 Curriculum Coordinator

IMMUNIZATION EXEMPTION FORM

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

- ___ DPT/DtaP/DT/Td (Diphtheria, Pertussis, Tetanus) ___ OPV/IPV (Polio)
- ___ MMR (Measles, Mumps, Rubella) ___ Varicella (Chickenpox)

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:

- ___ Sincere Religious Belief
- ___ Philosophical Reason
- ___ Medical Reason (please obtain a physician’s written statement that immunization against one or more of the diseases may be medically inadvisable and attach with this form.)

My explanation is as follows:

Parent/Guardian signature: _____ Date: _____

