



Regional School Unit 1

The Schools of Arrowsic – Bath – Phippsburg – Woolwich

Patrick M. Manuel, Superintendent
Debra J. Clark, Business Manager

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“Think – Care – Act”

IMMUNIZATION EXEMPTION FORM

As a parent/guardian of _____
(Student name)

in grade _____ and date of birth _____,

I am requesting a waiver for the following immunizations:

All required immunizations:
Specific immunizations: DTAP I/OPV MMR
Varicella Tdap MCV4

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 take reasonable accommodations to assist my child in keeping up with classwork.

I am requesting a waiver for:

Sincere Religious Belief

Philosophical Reason

My explanation is as follows:

Signed by: _____

Relationship to student: _____

Date: _____

Medical Exemption: "Physician's written statement that immunization against one or more of the diseases may be medically inadvisable."
20-A MRSA §§ 6352-6358