

*SOUTH PORTLAND SCHOOL DEPARTMENT*  
*Health Services*  
130 Wescott Road  
South Portland, Maine 04106

**IMMUNIZATION EXEMPTION FORM**

As a parent/guardian of: \_\_\_\_\_,  
(Student's name)

I am requesting a waiver for the following immunizations:

- All required immunizations:
  
- Specific immunizations:
  - DTAP
  - IPV/OPV
  - 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 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 Beliefs
- Medical Reasons (must have explanation documented by physician)

My explanation is as follows:

---

---

---

---

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_