

Waiver for Immunizations

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE DOCUMENTED ON PAGE 3 OF OUR HEALTH FORMS.

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition Temporary condition until _____ / _____ / _____

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication,

Signed: _____
Medical Provider / LHD Official

Date _____

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____

Date: _____