

IMMUNIZATION WAIVER

I/We, _____ the parent(s)/legal guardian(s) of _____ hereby acknowledge that my/our child is not immunized according to the immunization schedule recommended by the American Academy of Pediatrics.

Please mark the appropriate statement as it applies to this child:

_____ My/Our child has not received ANY immunizations

_____ My/Our child has not received the following immunizations

My/Our child has not been immunized according to the immunization schedule recommended by the American Academy of Pediatrics for the following reason:

_____ **Medical Disability** (Attach a letter from a certified Health Care Provider detailing the specific medical disability which precludes the child from receiving immunizations.)

_____ **Religious Doctrine, Tenant, or Law** (Attach a letter from your religious leader detailing the mandated religious tenant, doctrine, or law which precludes the child from receiving immunizations.)

_____ **Personal Conviction or Creed** (Attach a personal statement detailing the personal conviction or creed which precludes the child from receiving immunizations.)

I/We further recognize that my/our child is at risk of contracting the disease(s) he/she is not immunized against and that should he/she contract any of these diseases, he/she will be excluded from participating in the program until he/she is no longer contagious, as per a certified health care provider's note. I/We recognize that while many other children in the preschool are immunized, this does not mean that the bacteria/viruses that cause these diseases are not present in the school. In fact, it is likely that the bacteria/viruses are present as a natural part of life and may present a risk of infection to my/our child. Recognizing all of these factor, as well as others discussed with my/our child's health care provider, I/we have made the conscious choice not to immunize my/our child and will not hold St. Mark Preschool responsible, liable, nor negligent in any way should my/our child contract one or more of the diseases for which he/she is not immunized.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date