

**CAMDEN ROCKPORT ELEMENTARY SCHOOL**

IMMUNIZATION EXEMPTION  
2020-2021

**PLEASE NOTE: Beginning in September 2021, ONLY Medical Exemptions will be allowed per the amended [Maine Immunization Law LD 798](#)**

As a parent/guardian of \_\_\_\_\_  
(Student Name)

in grade \_\_\_\_\_ whose date of birth is \_\_\_\_\_

I am requesting a waiver for the following immunizations:

ALL REQUIRED IMMUNIZATIONS \_\_\_\_\_

DPT/DTAP 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

IPV/OPV 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

MMR 1 \_\_\_\_\_ 2 \_\_\_\_\_ VARICELLA 1 \_\_\_\_\_

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 THE 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** \_\_\_\_\_

\*Parent/guardians are required to submit a letter from their child's healthcare provider (physician, nurse practitioner, or physician's assistant) for a Medical Exemption

MY EXPLANATION IS AS FOLLOWS:

\_\_\_\_\_

Signed by:

Date:

Relationship to student: