|  |
| --- |
| Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Entered into Skyward under Special Medical Considerations: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Germantown Municipal School District**

**Immunization EXEMPTION Form**

|  |  |
| --- | --- |
| Student Name (printed) |  |
| Date of Birth |  |
| Parent/Guardian (printed) |  |
| Address |  |
| Telephone Number |  |

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Immunization Requirements**

State Law (T.C.A. 49-6-5001) provides waiver of immunization requirements under the following conditions:

1. Absent epidemic of threat of epidemic, parents may object in writing, when immunization conflicts with the teachings and practice of a well recognized religious denomination to which the parents adhere. However, if an epidemic or threat of epidemic occurs, objections on the behalf of religious teaching are invalid.
2. Certificate in writing from a physician stating that such immunization would be harmful to the child involved is provided to the school for the student permanent file.

***EXEMPTIONS***

***If your child has not received all the required immunizations, complete the appropriate section and return this form to your child’s school.***

***Medical Exemption***

***The following immunizations are medically contraindicated and constitute a threat to the child’s health (check appropriate vaccine below):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DTaP | HIB | Hepatitis B | Polio | MMR |
| Varicella (Chickenpox) | Hepatitis A | S. Pneumo |  |

Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Religious Exemption***

***Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reason for requesting a religious exemption:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important: Students exempted from immunizations may be excluded from school if one of these vaccine preventable diseases is identified in the school. Children excluded from school will be prohibited from attending school until either the child is immunized or danger of outbreak is past, or the child contracts the disease and completely recovers.**

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