Regional School Unit 21
Arundel, Kennebunk, Kennebunkport , Maine

Immunization Exemption

The Maine Department of Human Services and Maine Department of Education require that an immunization exemption be filled out and signed at the beginning of every school year. Please complete and return to the school nurse as soon as possible.

As parent/legal guardian of _____ date of birth , _____,
I am requesting a waiver for the following immunizations:

____ Diphtheria ____ Tetanus____ Pertussis ____ Polio

____ Measles ____ Mumps ____ Rubella ____ Varicella

I understand that in case of an outbreak of a specific disease, for which my child is not protected, my child will be kept out of school and all school activities. The length of time my child will be kept out of school may vary from week to weeks 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 campus 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 (check one) ____ sincere religious belief

____ philosophical reason

My explanation is as follows:

_____

_____

Signature of parent/legal guardian _____

Relationship to student _____ Date_____

School Immunization Law, Title 20-A MRSA, Chapter 223, subsections 6352-6358.