

Exemption to Immunization and/or Healthcare Intervention for KASD Students

Part A should be completed by a physician for medical exemptions (as applicable).

Part B should be completed by parents/guardians for religious, moral & ethical exemptions (as applicable).

Name _____ Date of Birth _____

Address _____ Phone _____ Grade _____

Part A: Medical Exemption - The physical condition of the above named child is such that immunizations and/or healthcare intervention(s) may be detrimental to the health of the child.

Check if Exempted from Immunizations: Check if Exempted from Healthcare Intervention(s):

Medical reason for the contraindication for the Immunization and/or Healthcare Intervention Exemption (including estimated time the condition will last):

Physician Name (Please Print): _____ Physician Signature: _____ Date: _____

Part B: Religious Exemption, includes a strong moral or ethical conviction similar to a religious belief - Student (18 or older), parent or guardian of the above name child adheres to a religious belief whose teachings are opposed to such immunizations and/or healthcare interventions OR holds a strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations and/or healthcare interventions.

Check if Exempted from Immunizations:

Check if Exempted from Healthcare Intervention(s) **AND** provide a description of the type of Healthcare Intervention(s) to be exempted from:

Signature Parent/Guardian: _____ Date: _____

PA 28§ 23.84. Exemption for immunization. (a) Medical exemption. Children need not be immunized if a physician or designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter. (b) Religious exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

THIS FORM MUST BE RETURNED TO YOUR CHILD'S CERTIFIED SCHOOL NURSE:

Grades 6-12: Amanda Maurer, Kutztown Area High School, 50 Trexler Avenue, Kutztown, PA 19530

Grades K-5: Tina Schmeck, Kutztown Elementary School, 40 Normal Avenue, Kutztown, PA 19530

Reviewed by Certified School Nurse:

Nurse Signature

Date