SHAWANO SCHOOL DISTRICT
STUDENT VACCINE WAIVER FORM

Instructions to Parent: Complete and return to school within 30 days after admission. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school nurse.

STUDENT DATA - please print

Student's Name	Birthdate	School	Grade	School Year

CHECK ONE OF THE FOLLOWING VACCINE WAIVERS BELOW

☐ **For personal conviction reasons**,
I have chosen not to vaccinate this student with the following immunizations (check all that apply)

- ☐ DTaP/DTP/DT/Td
- ☐ Tdap
- ☐ Polio
- ☐ Hepatitis B
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Varicella
- ☐ Meningococcal ACWY

The personal conviction waiver may also be used if a vaccine can not be obtained by the deadline.

☐ **For religious reasons,**
I have chosen not to vaccinate this student with the following immunizations (check all that apply)

- ☐ DTaP/DTP/DT/Td
- ☐ Tdap
- ☐ Polio
- ☐ Hepatitis B
- ☐ MMR (Measles, Mumps, Rubella)
- ☐ Varicella
- ☐ Meningococcal ACWY

☐ **For health reasons**,
This student should not receive the following immunizations, _____

SIGNATURE - Physician _____ Date Signed: _____

A physician signature is required for any health waiver.

WAIVER SIGNATURE - *Parent/Guardian/Legal Custodian or Adult Student may sign.*
This form is complete and accurate to the best of my knowledge.

Parent Name (please print): _____ **Phone:** _____

SIGNATURE: _____ **Date:** _____

Return completed form to your school nurse