

IMMUNIZATION WAIVER

Student Name		DOB		Date	
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MEDICAL WAIVER

If your child cannot be immunized for medical reasons, please have your child’s medical provider complete and sign this form. The completed form must, by law, be received by the school prior to your child attending school.

I attest that in my medical opinion, _____ cannot be immunized against:
Child's Name

- Diphtheria, Pertussis, Tetanus (Dtap, Tdap, Td, Dt) Measles, Mumps, and/or Rubella (MMR)
- Hepatitis B Polio Varicella Haemophilus Influenzae B Pneumococcal Infections

as required by Nebraska School Immunization Law 79-444.01, because such immunizations would be injurious to the health or wellbeing of the child, or a member of the child’s family or household.

In the event of an outbreak of a communicable disease, unimmunized students may be excluded from school.

Healthcare Provider Signature: _____ Date: _____

RELIGIOUS WAIVER

If immunization conflicts with religious beliefs and convictions, you must, by law, provide to the school a notarized statement indicating that the required immunizations conflict with such religious practice or belief. This document must be received by the school prior to your child attending school.

I, _____, attest that because of my religious beliefs, I do not want my child,
Parent/Guardian Name

_____ immunized against:
Child's Name

- Diphtheria, Pertussis, Tetanus (Dtap, Tdap, Td, Dt) Measles, Mumps, and/or Rubella (MMR) Hepatitis B
- Polio Varicella Haemophilus Influenzae B Pneumococcal Infections All of the Above

because such immunizations conflict with the tenets and practice of a recognized religious denomination of which the student is an adherent or member, or conflict with the personal and sincerely followed beliefs of the child.

In the event of an outbreak of a communicable disease, unimmunized students may be excluded from school.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student signature is required if not a minor

STATE OF NEBRASKA)

COUNTY OF _____)

Subscribed and sworn before me, a notary public, this _____ day of _____, 20_____.