

41 Buttermilk Drive
Thomaston, ME 04864
(207) 691-0693

IMMUNIZATION EXEMPTION FORM

For the safety of all participants, including those students who have compromised immune systems, Trekkers strongly encourages all parents/guardians to comply with the Center for Disease Control's (CDC) recommendations on vaccinations. For more information, please visit: <http://www.cdc.gov/vaccines/vac-gen/why.htm>.

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

All required immunizations _____

Specific immunizations:

DTAP _____ I/OPV _____ MMR _____ Varicella _____

I am requesting a waiver for:

Sincere Religious Belief _____

Philosophical Reason _____

Medical Reason _____

My explanation is as follows: _____

I understand that Trekkers employees and volunteers are not trained to recognize or treat an outbreak of any vaccine-preventable disease. I understand that in the case of an outbreak of a specific disease for which my child is not protected, my child's participation in all Trekkers activities, including expeditions, will be immediately suspended and that I am responsible for picking up my child immediately and/or coordinating and financing all transportation, medical and staff/volunteer expenses incurred to bring my child home.

Signed by: _____ Relation to student _____

Date: _____

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Signature of Nurse Practitioner, Sue Ferra: Sue Ferra NPC Date: 4/5/16