



Portland Public Schools Immunization Exemption Form

As a parent/guardian of _____ in grade _____,
Name of Student

I am requesting a waiver for the following immunizations:

DTAP

IPV

MMR

Varicella

I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with classwork.

I am requesting a waiver for:

Sincere Religious Belief

Philosophical Reason

My explanation is as follows:

Signature

Relationship to Student

Date