

Medical Waiver

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

I attest that in my medical opinion _____ cannot be immunized
against _____ as
(Student's Name) (List Disease)

required by Nebraska School Immunization Law, because such immunizations would be injurious to the health or well being of the student or a member of the student's family or household.

Date _____ Physician's Signature _____

Religious Waiver

If immunization conflicts with religious beliefs and convictions, you must, by law, present 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's enrollment.

I, _____, attest that because of religious
(Parent/Guardian)
beliefs I do not want _____ immunized against:
(Student's Name)

Check appropriate boxes:

- Measles Mumps Rubella Hepatitis B
- Polio Diphtheria, Whooping Cough, Tetanus Hib Varicella
(Chickenpox)
- PCV All of the above

Because such immunizations: (Check all that apply)

- Conflict with the tenets and practices of a recognized religious denomination of which the student is an adherent or member.
- Conflict with the personal and sincerely followed beliefs of _____
(Student's Name)

Date: _____ Parent/Guardian Signature _____

Date: _____ Student Signature _____
(Student's signature is required if not a minor)

State of Nebraska)
County of _____)

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

Signature of Notary Public