Child’s Name: ________________________________

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- Diphtheria (DTaP, Tdap, Td)  
- Tetanus (DTaP, Tdap, Td)  
- Pertussis (Whooping Cough) (DTaP, Tdap)  
- Measles (MMR)  
- Mumps (MMR)  
- Rubella (German Measles) (MMR)  
- Polio  
- Hepatitis B  
- Hepatitis A  
- Meningococcal  
- Varicella (Chickenpox)  
- All required immunizations

☐ MEDICAL EXEMPTION  (This exemption requires the signature of a licensed physician.)

As the child’s physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

☐ This medical exemption is permanent.  
☐ This medical exemption is temporary.  Duration of temporary exemption: ______/_____/_____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT) __________________________ Signature of Physician __________________________ Medical License # ______ Date ______

As the child’s parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child’s rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT) __________________________ Signature of Parent/Guardian __________________________ Date ______

Full Name of Exempted Child (PRINT) __________________________ Child’s Date of Birth (Month, Day, Year) __________________________

☐ RELIGIOUS/OTHER EXEMPTION

As the child’s parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child’s rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT) __________________________ Signature of Parent/Guardian __________________________ Date ______

Full Name of Exempted Child (PRINT) __________________________ Child’s Date of Birth (Month, Day, Year) __________________________

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.
OPTIONAL STATEMENT:
As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Name of Parent/Guardian (PRINT)  Signature of Parent/Guardian  Date