

PARENTAL APPLICATION FOR MEDICAL EXEMPTION

I, _____ (parent/guardian) hereby request a medical exemption from vaccinations for _____ (child's name), whose birthdate is _____, as requested in the attached Physician's Medical Exemption Certificate, and agree, as follows:

1. I understand that my child may not be allowed to attend school or child care during an outbreak of any disease for which my child has not been fully vaccinated.

2. I understand the risks and possible outcomes of my decision to exempt my child.

3. I have no objection to the school submitting this Application with the attached Physician's Medical Exemption Certificate to a panel of pediatric physicians for the panel's recommendation on whether or not the medical exemption should be granted.

4. I understand that the panel physicians will not have a doctor-patient relationship with my child and will not be providing advice to me as to whether or not my child should be vaccinated.

5. I have no objection to the panel's physicians seeking and receiving medical information from the physician who signed the attached Physician's Medical Exemption Certificate ("Primary Physician") in order for them to make their recommendation to the school regarding the medical exclusion request.

6. I hereby authorize the Primary Physician and his/her employer and his/her employer's affiliates, employees, and agents, to release my child's medical information related to the Physician's Medical Exemption Certificate to the panel's physicians. This authorization for release of information to the panel's physicians shall be in effect until terminated by me in writing.

7. I hereby authorize the panel physicians to share their medical findings, conclusions, and recommendations as to the medical exclusion request with the appropriate school officials.

8. I understand that the panel physicians may decide to solicit advice and opinions from medical experts ("medical experts") in order to assist them in making their recommendation as to whether or not the school should grant the medical exemption request. I have no objection to the panel physicians seeking such advice and opinions from, and disclosing the medical information concerning my child to, such medical experts.

9. I hereby release the panel physicians and medical experts, their employers, and their employers' affiliates, employees, and agents, from any and all liability related to their recommendations to the school as to whether the request for a medical exemption should be granted.

Parent/Guardian

Date

Parent/Guardian

Date