Saugerties Central School District

### Call Box A \* Saugerties, New York 12477 \* (845) 247-6500 \* Fax (845) 246-8364 \* www.saugerties.k12.ny.us

### Office of the Assistant Superintendent

**REQUEST FOR MEDICAL EXEMPTION TO**

**IMMUNIZATION FORM**

Dear Parent:

Please fill out the following information and sign below if you are requesting that your child have an exemption for immunization due to medical reasons.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I refuse because of medical reasons specified by my child’s physician. **(Please attach physician’s certificate.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature Date

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to me known to be the individual described in , and who executed the foregoing instrument, and acknowledged that \_\_he executed the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public *(Notary Stamp)*

**Approved Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **G. Michael Apostol**

 **Assistant Superintendent**