



# Immunizations Exemption Form

## 豁免疫苗接種聲明

Parent or Guardian Consent Form 家長或監護人簽署同意書

Full Name 姓名	Grade 年級	Sex 性別	Age 年紀

I request the exemption of my child from the immunization requirements for school entry due to medical restrictions, bona fide religious convictions, or because these immunizations are contrary to my personal beliefs. I understand that in a case of an outbreak of a disease that my child may be temporarily excluded from school for his/her protection.

本人要求我的小孩，因醫療限制，真實宗教信仰，或因為這些疫苗與我的信仰相違背的緣故，可豁免入學申請之疫苗要求。我了解如果有疾病爆發，為保護孩子的緣故，我的孩子可能會因此暫時無法上學。

I will not hold Morrison Academy liable or responsible for any illness that my child will incur. 我不會要求馬禮遜學校為孩子因此可能染疾負責任。

Parent's Name 家長姓名: \_\_\_\_\_

Parent's Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Nurse's Name 校護姓名: \_\_\_\_\_

Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Principal's Name 校長姓名: \_\_\_\_\_

Signature 簽名: \_\_\_\_\_

Date 日期: \_\_\_\_\_