

**NON-IMMUNIZATION FORM
RELEASE FORM**

I, _____ have chosen not to have my child

(Parent's Name)

_____ immunized due to medical issues, religious beliefs or

(Child's Name)

other personal reasons. I understand that my child is at much higher risk of contracting

communicable diseases while attending the Preschool. I also understand that if an

outbreak of a communicable disease is to occur in the Preschool, my child would be

unable to attend the Preschool programs until the incubation period is complete. This is

both for the protection of my child and for other children in the Preschool. I also

understand that the Preschool assumes no responsibility for adverse effects that my child

may experience as a result of not being immunized.

Parent's Signature

Date

Preschool Supervisor Signature