



**2009-2010**  
**Kazoo School Health Waiver Form**  
( **Preschool through 8<sup>th</sup> grade** )

I, \_\_\_\_\_, agree to accept full responsibility for my child's health.  
Parent or Guardian

My child is free from any communicable disease or illness and has my permission to participate in all Kazoo School (including Auxiliary) Program activities. If there are any restrictions, please state here:

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The date of \_\_\_\_\_ last physical exam was \_\_\_\_\_  
Student's name

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**Vaccination Waiver**

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The child may be subjected to exclusion from the school or program, if the local and or state public health authority advises exclusion as a disease control measure.

*By signing this waiver, you acknowledge that you understand and assume the risks involved in exempting your child from the recommended vaccination(s).*

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Parent or Guardian Signature

Date