



Immunization Waiver

Willard Community Center
1245 S. Folsom Street
Lincoln, NE 68522

Child _____ DOB _____ Date _____

Medical Waiver

If your child cannot be immunized for medical reasons, please have your medical provider complete and sign this form. The completed form must, by law, be received by Willard Community Center prior to your child's enrollment.

I have elected to not immune this child against the following disease(s):

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Polio
- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Varicella
- ☐ Pertussis
- ☐ Tetanus
- ☐ Haemophilus Influenzae Type B
- ☐ All Immunizations

My child will receive the COVID-19 Vaccine when it becomes available for his/her age group? Please circle one. Yes No Maybe

Because such immunizations would be injurious to the health or well-being of the child or member of the child's family or household; in the event of an outbreak of communicable disease, unimmunized children may be excluded from the program.

Date _____ Medical Providers Signature _____
(Required)

Date _____ Parent/Guardian Signature _____
(Required)

Religious Waiver

If immunization conflicts with religious beliefs and convictions, you must by law present to Willard with a notarized statement indicating that the required immunizations conflict with such religious practice or belief. This document must be received by Willard prior to your child's enrollment.

I, _____, attest that because of my religion
(Parent/Guardian Name)

I do not want _____ immunized against:
(Child's Name)

- ☐ Measles
- ☐ Mumps
- ☐ Rubella
- ☐ Polio
- ☐ Diphtheria
- ☐ Hepatitis B
- ☐ Varicella
- ☐ Pertussis
- ☐ Tetanus
- ☐ Haemophilus Influenzae Type B
- ☐ All Immunizations

Because such immunizations: (Check if a true statement)

- ☐ Conflict with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that immunization conflicts with personally and sincerely followed religious beliefs of a student.

Date _____ Parent/Guardian Signature _____
(Required)

THE STATE OF NEBRASKA)
COUNTY OF _____)SS.
The foregoing instrument was acknowledged before me this ____ day of _____, 20____

by: _____ **Parent/Guardian name**

Notary Public

Affix Official Notary Seal Here