

1st Church Preschool
111 Church Drive
Cheshire, CT 06410

Waiver of Immunization Policy and Form

I _____ as parent of _____

request a waiver for a physical examination by a medical doctor, and/or immunization requirements on grounds of my religious or medical beliefs or practices.

I accept full responsibility for the health of my child and acknowledge to the best of my ability that my child is in good enough health to attend a group setting. If my child is ill with a communicable disease, I will keep her/him home and alert the program to the nature of the illness.

I am a member of _____

Church as documented by Church officials

Signature and Position

Parent Signature

Date