



Student Name: _____

Summer at Emerson expects campers to receive a vaccination for COVID-19 when they become age eligible unless an exemption applies. When your child is vaccinated, please fill in the following information and return this form to the Summer Office by either dropping off a hard copy to our Summer Medical Assistant, Frankie DiCesare, or by emailing her a copy at fdicesare@emerson-school.org.

Vaccine Name _____

Date of First Vaccination _____

Date of Second Vaccination if applicable _____

Vaccine Exemptions

Applicable exemptions to this expectation are for those who cannot be vaccinated due to medical or closely held religious or conscientious objections. More detailed information about requesting such an exemption is provided below.

PLEASE INDICATE THE REASON(S) FOR YOUR REQUEST

_____ My child has had a previous severe allergic reaction to a component of the vaccine and/or is advised by our health care provider to not receive a COVID-19 vaccine. Please describe and attach any supporting documentation from your healthcare provider.

_____ As a family, we are requesting a religious exemption or conscientious objections to the COVID-19 vaccine. In the space below, you are asked to identify the specific nature of your closely held religious belief or conscientious objection and the nature of the accommodation you are seeking. Add additional pages if necessary.

I affirm that the information I have provided in connection with this request is accurate and complete as of the date of submission.

Parent Name: _____ **Date** _____

Signature _____