

**THE WOLF SCHOOL  
IMMUNIZATION EXEMPTION FORM 2017/2018  
(To be filled out ONLY if you choose not to immunize your child.)**

I knowingly and willingly assume the risks and consequences of my refusal, on behalf of my child, \_\_\_\_\_, to consent to the immunization of my child prior to enrollment at the Wolf School and/or attendance at the Wolf School. I hereby release the Wolf School, its employees, volunteers, staff, successors, assigns and agents from any liability for any damages, injury, sickness, disease, disability, cost or expense which in any way results, in whole or in part, from my refusal to consent to my child, \_\_\_\_\_, being immunized. I understand that this release of liability is binding upon myself, my child, my heirs, executors, administrators, representatives and anyone else who might make a claim through or under my child or me.

I further understand and agree that in the event any vaccine-preventable disease outbreak occurs at the Wolf School, of which the Wolf School becomes aware, my child will be excluded from the Wolf School for the duration of the outbreak, or until the required vaccine is obtained and the Wolf School receives medical information that it is appropriate for my child to return to the Wolf School.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent's/Guardian's Name (Please Print)

\_\_\_\_\_  
Child's Name (Please Print)

I, \_\_\_\_\_, hereby certify that I am legal guardian/custodial parent of (child's name) \_\_\_\_\_, and I am authorized on behalf of and in the best interest of my child to sign this Release of Liability.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name