

**Exhibit
Immunization Waiver**

Descriptor Code: JGCB-E

**Coweta County School System
School Health Program
Immunization Waiver**

(This document must be completed in the presence of a school official)

PLEASE PRINT

Student: _____ Grade _____
Address: _____ Birth date: _____
_____ Phone: _____

This waiver is being granted by the school official of _____
School for the justifiable reason stated below: (name of School)

_____ **New student attending Georgia Schools for the First Time**
(waiver expires 30 days after day one of school admittance).

_____ **Current Ga. Student with a current Immunization record DHR 3231 with a noted expiration date of**
_____ (waiver expires 30 days after the expiration date).

_____ **Current Ga. Student without a current DHR form 3300**
(A current and valid document must be less than one year old at the time of school entry)

Attention Parent/Guardian,

**Please read and initial the appropriate waiver conditions the school official has granted on this day.
Please note the following important information regarding those conditions:**

The above student will be prohibited from attending school in Coweta County after the waiver expiration date stated below in order to comply with the Department of Human Resources 2007 Immunization Guidelines (Rules of Public Health, Chapter 290-5-4) and Georgia Code 20-02-0771 and/or Georgia Code 20-02-0770 unless the required valid certificate(s) or an approved exemption has been submitted on or before that said date.

_____ **30 days. This waiver is granted to extend the expiration date noted on Ga. DHR 3231 or for a Georgia new entrant; this waiver expires on _____** Parent Initials _____

_____ **90 days (for Pre-K only) OR 120 days (K-12). This waiver is granted to extend the date on which the certificate of Hearing, Vision, Dental and Nutritional Screening noted on Ga. DHR 3300 is required; this waiver expires on _____** Parent Initials _____

I have read and understand the conditions of this waiver granted by the school official of the Coweta County School System.

Parent/Guardian Signature _____ **Date:** _____

School Official Signature _____ **Date:** _____

DISTRIBUTION:

White copy – Permanent record

Pink copy – School Nurse

Yellow Copy – Parent/Guardian