



**Health Services**  
**725 Harrison Street**  
**Syracuse, New York 13210**  
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**INFORMED CONSENT FOR REFUSAL OF IMMUNIZATIONS**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Dear School Health Nurse, Administrator, Board of Education:

I am the parent or legal guardian for \_\_\_\_\_. I realize the medical community believes that immunizations have been designed to protect my child from life threatening illnesses, and also to prevent potential community wide epidemics. For religious/personal beliefs I have decided not to immunize my child. By signing this agreement, I do not hold responsible: the school district, state department, nor any other agency involved with educating my child if my child develops a disease. I understand that measles, mumps, chickenpox, rubella, tetanus, hepatitis, diphtheria, or polio are serious illnesses that could result in medical complications and possibly death. I am also aware, if there is an outbreak or epidemic of a certain disease that could be prevented by a vaccine my child has not received, he or she may be excluded from school, at the discretion of SCSD, to protect the health and well being of my child.

Sincerely,

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship to Student*

\_\_\_\_\_  
*Date*

For must be signed by a notary public.

State of New York

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC/COMMISSIONER OF DEEDS**