

Massachusetts State Vaccination Exemption  
Religious/Medical

If your student is exempt from immunizations due to religious or medical reasons, please complete this “Massachusetts State Vaccination Exemption” form. Submit via email to chiara.carrino@buxtonschool.org or via mail to Buxton at 291 South Street, Williamstown, MA 01267.

Student’s Name: \_\_\_\_\_  
Student’s Birthdate: \_\_\_\_\_

Statement of Exemption to Immunization Law – Religious Exemption

Vaccination or immunization conflicts with our family’s sincerely held religious belief. In the event of an emergency or epidemic of disease declared by the department of public health, we understand that our student may be required to leave campus until the situation is resolved.

Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Statement of Exemption to Immunization Law – Medical Exemption

The student’s physician opines that the student’s health would be endangered by such vaccination or by any such immunizations. A doctor’s note will be given with medical paperwork which clearly states that 1) a physical exam was given, and 2) that vaccination or immunizations would be detrimental to the student’s health. We understand that if the school’s physician does not agree with the opinion of the student’s physician, the matter will be referred to the department of public health, whose decision will be final.

Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_