

# EXHIBIT

2003

Students

## PARENTAL AUTHORIZATION FOR COUNTY HEALTH OFFICER TO ADMINISTER IMMUNIZATIONS

Catskill Central School District  
347 W. Main Street  
Catskill, NY 12414

I, \_\_\_\_\_, request that my  
(print parent/guardians name)

child \_\_\_\_\_ be exempt from the following required  
(print child's name)

immunizations:

_____	_____
_____	_____
_____	_____

for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent/guardian's signature)

\_\_\_\_\_  
(date)

You must submit this written request to the Principal at the above address for a waiver of the immunization requirements. The Superintendent will review the request and render a decision. Such decision may be appealed to the Board of Education, and if not satisfied, may be appealed to the Commissioner of Education.