RYE CITY SCHOOL DISTRICT
REQUEST FOR EXEMPTION TO IMMUNIZATION REQUIREMENTS
OF PUBLIC HEALTH LAW SECTION 2164

I am hereby requesting that my son/daughter, ____________________________, who attends school at the ____________________________ School, be granted an exemption from the immunization requirements of Section 2164 of the Public Health Law (PHL) on the following basis:

☐ A physician licensed to practice medicine in this state has certified that such immunization may be detrimental to my child’s health. PHL §2164(8). I have attached a copy of such medical certification, which I understand must be updated annually.

THIS FORM, AND ALL REQUIRED INFORMATION, MUST BE SUBMITTED TO THE BUSINESS OFFICE AT CENTRAL ADMINISTRATION.

_____________________________    ____________________________    ___
Signature of Parent/Guardian                             Print Name                              Date

FOR OFFICE USE:

☐ All required information submitted.  ☐ Request for exemption approved

☐ Request for exemption not approved

☐ Following additional information required: ____________________________

________________________________________
Assistant Superintendent                          Date

Distribution:   ☐Principal
                ☐School Nurse
                ☐Director, Health Services