



**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