Anchorage School District
ACTIVE DUTY MILITARY DEPENDENT IMMUNIZATION WAIVER

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH (MM/DD/YYYY)
SCHOOL			GRADE

The Interstate Compact on Educational Opportunity for Military Children allows active duty military dependents, who have newly arrived to Alaska, a 30-day waiver period to obtain required immunizations. Anchorage School District allows for immediate enrollment of new-to-Alaska active duty military dependents in a public school program for a period of 30 days. During that period of time, the child's parent / guardian is responsible for locating the immunization records. If no record is located during the 30-day period or the records indicate that the child has not received the required immunizations, the child must be immunized per State of Alaska requirements in order to continue enrollment and attendance at the public school.

This form must be returned to the nurse in order for the child to attend school.

PARENT / GUARDIAN ACKNOWLEDGEMENT

My signature below is acknowledgement that my child has received the immunizations required for school attendance, and I will assist the school in locating these records by providing information about previous school enrollments and immunization administration. I understand **if the immunization records are not located within 30 days, or if the records indicate that my child has not received the required immunization(s), then my child will NOT be allowed to remain enrolled in or attend school.** I also understand that the nurse may contact my child's health care provider regarding their immunization status.

PARENT / GUARDIAN NAME (PRINTED)	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
PARENT / GUARDIAN (SIGNATURE)		DATE

WAIVER EXPIRATION	
This immunization waiver is only valid if it is signed by the parent/guardian. It will expire 30 days after it is completed and signed. After it expires, the child will be required to update their immunization status, per State of Alaska guidelines, in order to remain actively enrolled and attend school.	**EXPIRATION DATE** **(30 days from date signed)** __ __