



Please return the completed and signed form by **August 5, 2021**, to Susan Duff by scan/email (sduff@stteresacademy.org), confidential medical FAX (816-817-9231) or postal mail (St. Teresa's Academy, Attn: Susan Duff, 5600 Main St., Kansas City, MO 64113).

COVID-19 VACCINATION WAIVER FORM

Student Name (First, Last) _____

Parent/Guardian Name (First, Last) _____

I understand COVID-19 has caused a pandemic that involves risk to the health and life of individuals. I understand and acknowledge the following information is available at www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html:

- a list of reasons for acquiring a COVID-19 vaccination for my student
- possible health consequences of non-vaccination
- possible side effects of each vaccine

I understand that in the absence of a vaccination, my student may be at higher risk of acquiring COVID-19, which may also place those around her at greater risk of acquiring the virus.

With the above understanding, I choose to decline the vaccination for my student at this time. I understand and accept the potential consequences of this decision. I also understand that, should I choose to vaccinate my student at any point, I may provide proof of my student's COVID-19 vaccination status at that time and this waiver will no longer apply.

Reason for declining vaccination (required):

- Medical Exemption (you may include a physician notice with this waiver if desired)
- Religious Exemption
- Other

St. Teresa's Academy takes student privacy very seriously. Any information you provide regarding your student's vaccination status will not be shared or disclosed with a third party unless it is deemed an emergency, and knowledge of that information is necessary to protect the health or safety of a student or other individuals.

By signing this form, I hereby declare and acknowledge I have read and fully understand the information on this declination form.

I HAVE DECIDED TO DECLINE OR DEFER THE COVID-19 RECOMMENDED FOR MY STUDENT, _____.

I UNDERSTAND FAILURE TO FOLLOW CENTER FOR DISEASE CONTROL (CDC) RECOMMENDATIONS ABOUT THE COVID-19 VACCINE MAY ENDANGER THE HEALTH OF MY STUDENT AND OTHERS WITH WHOM SHE MAY COME IN CONTACT IN THE ST. TERESA'S ACADEMY COMMUNITY. I FURTHER ACKNOWLEDGE IF I DECIDE TO HAVE MY CHILD VACCINATED IN THE FUTURE, I MAY PROVIDE THIS INFORMATION TO ST. TERESA'S ACADEMY AT THAT TIME.

As the student's parent/guardian, I understand that, in the event my student contracts COVID-19 or comes into close contact with someone who exhibits COVID-19 symptoms, or who has tested or subsequently tests positive for COVID-19, my student will isolate or quarantine from school and any activities or athletics pursuant to the CDC's prescribed timelines, both for her own protection and for the protection of others. Further, I understand the CDC's recommendation that non-vaccinated persons should wear a face covering. I assume full responsibility for my student's actions of declining the vaccine and/or choosing to wear/not wear a face covering.

By signing below, I indicate I have read the above information thoroughly and understand all implications associated with accepting this waiver. I am the legal guardian/representative of the above-named person (student). I am signing this form on behalf of the above-named student, acknowledging the decision in refusing the COVID-19 vaccine.

I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE ST. TERESA'S ACADEMY and/or its officers, directors, and/or employees (collectively RELEASEES) from any losses, injuries and/or damages my student may suffer and/or sustain as a result of my student contracting the coronavirus known as COVID-19 and/or any other virus mutation or variation associated with it. By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any and all loss, injury and/or damage whether caused by the negligence of the Releasees or otherwise related to possible exposure to or contracting of the coronavirus known as COVID-19 or any mutation or variation thereof.

I have had the opportunity to fully evaluate the decision not to vaccinate my student and choose to decline the recommended COVID-19 vaccine.

Parent/Guardian Name (*print*) _____

Parent/Guardian Name (*signature*) _____ Date ____ / ____ / 2021