



### Immunization Records Waiver

I \_\_\_\_\_, understand that my child \_\_\_\_\_ will not be permitted to attend Renaissance Montessori in the event of an outbreak of any immunized disease until a doctor has approved my child's return. I understand that Renaissance Montessori makes no representations that its facility is or will be free of any communicable disease. I assume all risks to my child and absolve Renaissance Montessori of all responsibility should my child contract any contagion either on the premises or from any official school activity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date