MENINGITIS WAIVER

In the event of an outbreak in Crawford County of any of the diseases, which you have elected not to be vaccinated against, you will have to leave campus until the Public Health Department determines it is safe for you to return to Allegheny College. This could take several weeks and we cannot guarantee that the faculty will allow you to make up your work.

If student is over the age of 18:

I, _______________________, have received and reviewed information regarding meningococcal disease and the effectiveness of its vaccine from Allegheny College. I choose not to be vaccinated against this disease.

_________________________________________________________  _________________________
Signature                                                                                     Date

If student is under the age of 18:

I, _______________________, have received and reviewed information regarding meningococcal disease and the availability and effectiveness of its vaccine from Allegheny College. I choose not to have _______________________, my minor child/ward vaccinated against this disease.

_________________________________________________________  _________________________
Signature of Parent or Guardian                                                             Date