

Religious Objection to Immunization

Child's Name _____ DOB _____

Parent's Name _____

Address _____

City/State/ZIP _____

School _____

Address _____

City/State/ZIP _____

Dear School Officials:

We hereby certify that the administration of vaccine and other immunizing agents to our child, _____, conflicts with the tenets and practice of a recognized religion, of which we are adherents. We therefore request that our child be exempted from the school immunization requirements.

We are aware that in the event a student of the school acquires a vaccine preventable communicable disease, we will receive notification and our child we be excluded from school for a time period recommended by the local Department of Health.

We are aware that in the event our child receives ANY vaccination subsequent to this notification, all previous religious exemption requests will be considered void, and all deficient vaccines will be required.

We are aware that religious exemptions must be renewed annually.

We are informed of and we fully understand the risks and benefits of non-immunization for our child. We swear that all of the foregoing statements are true to the best of our information, knowledge, and belief.

Parent _____

Date _____

Subscribed and Sworn before me this _____ day of _____, 20_____

_____ Notary's Signature and Seal