

Certificate of Religious Exemption

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

The administration of immunizing agents conflicts with the above named students/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my child's/children's school, the School Administrator and/or the State Health Commissioner may order my child's/children's exclusion from school, for my child's/children's own protection, until the danger has passed.

Parent/Guardian

Parent's/Guardian's Signature

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public Seal