Sample Religious Exemption Form
For Immunizations

Religious Objection to Immunization [Activity Year or School Year]
(Reference [State] Code Section [Code Number])

Child Name: ____________________________________________ Date of Birth: __________

I have been informed of the immunization requirements stated in the [State] Code. I understand for the safety of my child, he/she will not be permitted to [attend day care/school/camp/ministry activity] in the event of an epidemic in the community/state involving a disease that he/she has not been vaccinated against. I also understand that my child may not attend in the event he/she contracts a disease, for which he/she has not been vaccinated, until my child has been medically cleared and is no longer contagious.

Understanding all the above, I wish to document my objection to my child being immunized, for the following religious reasons:

_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

I acknowledge and accept the risks of my child contracting a disease he or she has not been vaccinated against while attending [day care/school/camp/church activity]. Should my child contract or infect another child with diseases for which he/she has not been immunized, I accordingly agree to indemnify, defend, and hold harmless the [school/camp/ministry], and its agents, employees, volunteers, and other representatives for any injury or illness arising directly or indirectly out of my choice not to immunize my child.

I understand that I must file a formal objection annually, in lieu of presenting documentation of immunizations received.

_______________________________________  ____________________________________________  ________________
Printed Name of Parent/Guardian              Signature of Parent/Guardian                   Date

_______________________________________  ____________________________________________  ________________
Printed Name of Parent/Guardian              Signature of Parent/Guardian                   Date

This signed and dated form must be returned to the [ministry/school/camp] office.

Note to Ministries: This is a sample form only. Each county/state health department has its own codes and requirements available on its website. Be sure to check your specific county/state requirements.