VACCINATION EXEMPTION PURSUANT TO THE

§11-157-5 Exemptions. (b) A religious exemption shall be granted to a student whose parent, custodian, guardian, or other person in loco parentis certifies that the person’s religious beliefs prohibit the practice of immunization. Requests for religious exemptions based on objections to specific immunizing agents will not be granted. Students who have reached the age of majority shall apply on their own behalf. The certification shall be retained in the student’s health record. Reports of such exemptions shall be submitted to the department by each school.

§11-157-5 Exemptions. (c) If at any time, the director determines that there is a danger or presence of an outbreak or epidemic from any of the communicable diseases for which immunization is required under this chapter, the exemption from immunization against this disease shall not be recognized and inadequately immunized students shall be excluded from school until the director has determined that the presence or danger of the outbreak or epidemic no longer exists.

VACCINE EXEMPTION FORM

I, ________________________________, as the parent, guardian or person in loco parentis of the child __________________________, hereby certify that the administration of any vaccine or other immunizing agents is contrary to our religious beliefs.

I understand that in the case of a communicable disease reported at school, my child will be excluded from attendance until the incubation period of the last reported case is completed.

Parent Signature ________________________________ Date ______________

Parent Signature ________________________________ Date ______________

Religious Leader & Congregation Signature __________________________

Date ______________

Subscribed and Sworn before me this _____ day of __________, 20____.

______________________________________________________

Notary's Signature and Seal

Completion of this form is required every year of enrollment at Mid Pacific. Notary signature is required for first year only.