

FUMC Day School Vaccine Exemption Form

Child's Name _____ Child's DOB _____

Type of Exemption (check one): Medical _____ Reasons of Conscience _____

Medical Exemptions

If your child has a modified schedule of vaccines for medical reasons, please provide a doctor's note explaining the medical reason preventing your child from receiving specific vaccines. The doctor must be an MD or DO, based in the United States. A new note must be submitted each year, unless the medical reason preventing vaccination is a lifelong condition. If your doctor will not write a note explaining your child's medical exemption, then you must fill out an official notarized DSHS vaccine exemption affidavit.

All forms and shot records must be received before your child may attend school.

Reasons of Conscience Exemptions

If your child is not vaccinated because of religious beliefs or reasons of conscience, you must submit an official notarized DSHS vaccine exemption affidavit, which is available from the TX Department of Health & Human Services. **The form must be submitted to the school before your child may attend school and must be submitted within 90 days from the date it is notarized.** It will be valid for two years from the date of notarization. If your child has had some vaccines, please also provide a shot record.

Modified Vaccine Schedules

If your child has some vaccines but is on a modified schedule based on your preference, (not based on a medical condition) you must turn in a shot record AND an official DSHS notarized vaccine exemption affidavit before your child may attend school.

Complete the following for both medical and reasons of conscience exemptions:

_____ **(Please initial)** If Tarrant County Public Health notifies us that a vaccine-preventable illness is present in the community, I understand my unvaccinated child may not attend school and I will not receive any reduction in tuition.

_____ **(Please initial)** I understand the school may reply to parent requests about vaccine exemptions but will not release names of individual children.

My child has received: (check one) _____ some vaccinations _____ no vaccinations

Parent Name _____ Parent Signature _____

For FUMC Day School Office use only:

Date Doctor note received _____ Date new doctor note needed: _____

Date shot record received: _____

Lifelong Condition? Yes _____ No _____

Date Affidavit Received _____ Date new affidavit needed _____

May Child Start School on First Day? YES/NO