



CERTIFICATE OF RELIGIOUS EXEMPTION

Name: _____

Birth Date: _____

The administration of immunizing agents conflicts with the above named child's/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 childcare, for my child's own protection, until the danger has passed, I will not bring my child to childcare.

Signature of Parent/Guardian

Date

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

This _____ Day of _____

Notary Public _____

Notary Commission Number _____

Notary Public Seal