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RELIGIOUS EXEMPTION

If a religious exemption is claimed for a child, this form should be completed and signed by the parent or guardian. It should be kept as part of the child's permanent immunization file.

Child's Name: _____ DOB: ____ / ____ / ____ Sex: _____

I request that immunizations for my child be waived on the grounds that they would interfere with the free exercise of his/her religious rights.

Phone Number: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

This exemption may be suspended by the State Commissioner of Health during the existence of an emergency as determined by the Commissioner.