

Idaho Religious Objection to Immunization

Child's Name _____

Parent's Name _____

Address _____

City/State/ZIP _____

School/Day Care: _____

Address _____

City/State/ZIP _____

Dear School Officials, Day Care Providers, Health Care Providers, Hospital Staff, and State Health Officials,

In accordance with Section 39-4801, Idaho Code: Idaho Department of Health and Welfare Rules, IDAPA 16, Title 02, Chapter 15 "Immunization Requirements for Idaho School Children." We hereby certify that the administration of vaccine and other immunizing agents to our child, _____, conflicts with the tenets and practice of a recognized religion, of which we are adherents. We therefore request that our child be exempted from the school immunization requirements.

Let this letter also apply for religious exemption from the other state immunization requirements in accordance with the religious exemption provisions Idaho Code § 39-4802. "Any minor child whose parent or guardian has submitted a signed statement to school officials stating their objections on religious or other grounds shall be exempt from the provisions of this chapter."

We are informed of and we fully understand the risks and benefits of non-immunization for our child. We swear that all of the foregoing statements are true to the best of our information, knowledge, and belief.

Parent _____ Date _____

Subscribed and Sworn before me this _____ day of _____, 200____.

Notary's Signature and Seal