As the parent/guardian of the children specified below, I certify that I have strong personal and religious beliefs against the practice of immunization/vaccination.

[Child Name] – Birth Date: [Birth Date]
[Child Name] – Birth Date: [Birth Date]

I understand that if an outbreak of what the Utah Department of Health considers a “vaccine-preventable disease” occurs for which my child is exempted, the child for whom this exemption is claimed, is to be excluded from the school for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting an alleged “vaccine-preventable disease.”

I hereby notify that my child is exempted from the **Utah Immunization Rule for Students (R396-100)** due to our personal and religious opposition to immunizations.

Thank you for respecting our first amendment rights, under the US Constitution, and respecting this personal and religious exemption from vaccination, and other medical treatment that I do not approve of.

[Signature] [Date]
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[Parent Name] ([Father/Mother/Guardian])
[Adress]
[City], [State] [Zip]