**Parental Request for Immunization Exemption**

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| I am requesting that my child, | |  | | birth date, |  |
| attending |  | | School, receive an immunization exemption. | | |

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| I am requesting: (Check one) | |
|  | Medical Exemption |
|  | Religious Exemption |

An exemption may be requested based on the guidelines contained in Chapter 14, New Jersey State Sanitary Code: Immunization of Pupils in Schools.

Medical exemptions shall be granted to any student who has medically specific contraindications to a specific immunization. A written statement from the student’s primary care provider should be given to the school nurse. This note must indicate which immunization is contraindicated, the time period covered and the reason. This must be reviewed annually and the student must receive the immunization as soon as the exemption terminates.

Religious exemptions shall be granted from mandatory immunization if the parents submit a written statement to the school stating that the administration of immunizing agents conflicts with the pupil’s exercise of religion. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.

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| Parent Signature: |  |
| Date: |  |
| School Name: |  |