State of Alaska Religious Exemption Form

Effective July 1, 2013

*This official State form is required for all religious exemptions*

Children in Alaska public and private schools, preschools and child care facilities must be immunized in accordance with Alaska Administrative Codes 7 AAC 57.550 for child care affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or 4 AAC 06.055 for school affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

*(NOTE: Personal or philosophical exemptions are not allowed under Alaska regulations.)*

If a religious exemption is applicable, the child’s parent/guardian must complete the information below and return this form to the school, preschool, or child care facility. The form is required to be notarized and renewed annually.

__________________________________________
Name of Child

__________________________________________
Birth date

I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant/parent/guardian is a member. I/We understand that if there is an outbreak of a vaccine-preventable disease that my child has not been fully immunized against, my child may be at risk for disease and may be excluded from school or child care until he/she is determined to no longer be at risk of developing the disease.

Signature of Parent(s) or Guardian(s) ________________ Telephone ________________ Date ________________

(Form valid from July 1 through June 30)

State of ______________________________________

Judicial District ________________________________ SS.

The Foregoing Instrument was acknowledged before me by

__________________________________________ on this_______ day of

__________________________________________ , 20 __________.

Witness my hand and seal.

__________________________________________
Notary Public (Signature)

__________________________________________
Notary’s printed name

__________________________________________
Notary’s city

My commission expires ________________

Revised 3/2013