



# STUDENT SERVICES

## JUNEAU SCHOOL DISTRICT

### ALASKA IMMUNIZATION REQUIREMENTS: RELIGIOUS EXEMPTION FORM

Alaska Immunization Regulation 4 AAC 06.055, 4 AAC 62.450 and 4 AAC 60.100 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized against *pertussis* (for children less than 7 years of age), *diphtheria*, *tetanus*, *polio*, *measles*, *mumps*, *rubella*, *hepatitis A*, *hepatitis B*, *varicella* (for children in child care facilities and preschools) and *Haemophilus influenzae type b* (for children less than 5 years of age in child care facilities or preschools), unless he/she is exempt for medical or religious reasons.

Religious exemption requests must contain the wording found in the Alaska Administrative Code [4AAC06.55 (b) (3) or 4AAC62.450(c) (2)] stating all vaccines must be received unless the child "has an affidavit signed by his [4AAC 62.450(c)(2) says "the child's"] parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant[4 AAC 62.450 (c) (2) says "the parent or guardian"] is a member."

If a RELIGIOUS exemption is requested, complete the information below and return this form to the school, preschool, or child care facility.

Name of Child		Birth date	
Name of Facility	Address	City	Telephone

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

#### **TO BE COMPLETED BY THE CHILD'S PARENT OR GUARDIAN.**

***I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.***

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

State of \_\_\_\_\_ Judicial District \_\_\_\_\_ SS.

The Foregoing Instrument was acknowledged before me by

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
Name Day Month Year

Witness my hand and seal.

\_\_\_\_\_  
Notary Public (Signature) Notary's Printed Name

My commission expires \_\_\_\_\_