

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

If you prefer, you may submit an exemption for each child *in lieu of* immunization records (most families choose the Personal Exemption). According to Colorado Law, new exemption forms must be submitted annually.

CHILD INFORMATION

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

This Exemption is for:

All Immunizations Some Immunizations

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunizations would endanger life or health.

Physician Signature

Date

RELIGIOUS EXEMPTION

Parent or guardian of the above named child has a religious belief whose teachings are opposed to immunizations.

Parent/Guardian Signature

Date

PERSONAL EXEMPTION

Parent or guardian of the above named child has a personal belief opposed to immunizations.

Parent/Guardian Signature

Date