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 __________

(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