

REQUEST FOR RELIGIOUS EXEMPTION

STUDENT NAME

BIRTHDATE

SCHOOL

I hereby request that my child be exempt from compulsory immunization in accordance with Section 214.036 of the Kentucky Revised Statutes. I, _____, the parent of _____, am opposed to the medical immunization against disease of my child, _____ on religious grounds. Provided, however, that in the event of an epidemic in a given area, the Cabinet for Human Resources may, by emergency regulation, require the immunization of all persons within the area of epidemic, against the disease responsible for such epidemic.

Before me this day personally appeared the person whose signature appears below, who by me duly sworn upon oath says the above statements are true and correct.

Signature of Parent

Address

City, State, Zip

Subscribed and sworn to before me this ___ day of _____, _____.

NOTARY PUBLIC

COUNTY

Kentucky