

Vaccination Exemption Letter

To Whom It May Concern: As the legal parents of

Child's Name

First _____
Last _____

Date of Birth ____ (MM) ____ (DD) ____ (YY)

As parents, based on our personal religious beliefs, we object to the following vaccinations, including but not limited to, hepatitis B, DTaP, Polio, Hib, Pneumococcal, MMR, Varicella, Td/Tdap and Meningococcal, for our child.

Illinois law allows parents to object to vaccinations based on religious grounds as laid out in CHAPTER 105. SCHOOLS COMMON SCHOOLS SCHOOL CODE ARTICLE 27 COURSES OF STUDY-SPECIAL INSTRUCTION(8): "Children of parents or legal guardians who object to health, dental, or eye examinations or any part thereof, to immunizations, or to vision and hearing screening tests on religious grounds shall not be required to undergo the examinations, tests, or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed Certificate of Religious Exemption detailing the grounds for objection and the specific immunizations, tests, or examinations to which they object."

Immunizations are in conflict with our bona fide sincerely held beliefs and practices which violate the natural laws of health by introducing unnecessary toxins which destroy the natural built in immunity that is already present in a healthy body. We as parents assume FULL RESONSIBILITY for our child's health, thus removing same from school as it pertains to immunizations. 1 Corinthians p:1d-20 states "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from zodD You are not your ownN you were bought at a price. Therefore honor zod with your bodies." Because of these deeply held personal religious beliefs, as parents, we have decided to withhold vaccinations from our children. We take their health and well being very seriously and have chosen other means to strengthen their immune systems and bodies, including but not limited to: healthy diet, plenty of sleep, vitamins and supplements, exercise, and maintaining a healthy nervous system.

Sincerely,

Date _____

Signature _____