

# EXEMPTIONS 101



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## What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

## How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

# Sample Statement

# Idaho Requirements

To whom it may concern:

As (a) parent(s), based on my\our personal religious beliefs, I\we object to the following vaccination, including but not limited to, DTaP\DTP, HepB, Hib, MMR, Polio, Varicella, for my\our child\_\_\_\_\_.

The vaccination of my\our child violates laws put forth within me\us by a higher power at the time of conception. Vaccination conflicts with scripture\* and my\our spiritual beliefs. Prayer has made me\us realize the responsibility God has bestowed on me\us as (a) parent(s).

\* 1. Cor. 2:5

Signature/s

Date and keep a copy of the letter.

This is a sample, please use your own words

Idaho law allows a parent or guardian to claim an immunization exemption for their child for medical, religious or other reasons. It is recommended that exemptions for religious or other reasons be documented on the form provided by DHW's Immunization Program. Parents or guardians also may claim an immunization exemption by providing a signed written statement when entering their child into school and/or childcare. In the event of a disease outbreak, children who have claimed an exemption and have not received the immunization against that disease may be excluded from school and/or childcare.

Child's Name: \_\_\_\_\_

### IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

<input type="checkbox"/> Diphtheria (DTaP, Tdap, Td)	_____	Date	<input type="checkbox"/> Hepatitis B	_____	Date
<input type="checkbox"/> Tetanus (DTaP, Tdap, Td)	_____	Date	<input type="checkbox"/> Hepatitis A	_____	Date
<input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap)	_____	Date	<input type="checkbox"/> Meningococcal	_____	Date
<input type="checkbox"/> Measles (MMR)	_____	Date	<input type="checkbox"/> Varicella (Chickenpox)	_____	Date
<input type="checkbox"/> Mumps (MMR)	_____	Date	<input type="checkbox"/> Varicella Disease History: My child has had chickenpox but was not diagnosed by a licensed healthcare professional.	_____	Date
<input type="checkbox"/> Rubella (German Measles) (MMR)	_____	Date	<input type="checkbox"/> All required immunizations	_____	Date
<input type="checkbox"/> Polio	_____	Date			

I decline to provide details regarding my child's exemption status. NOTE: Your child will be considered exempt from all required school immunizations.

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**MEDICAL EXEMPTION** (This exemption requires the signature of a licensed physician.)  
As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

This medical exemption is permanent.  
 This medical exemption is temporary. Duration of temporary exemption: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT) \_\_\_\_\_ Signature of Physician \_\_\_\_\_ Medical License # \_\_\_\_\_ Date \_\_\_\_\_

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Exempted Child (PRINT) \_\_\_\_\_ Child's Date of Birth (Month, Day, Year) \_\_\_\_\_

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**RELIGIOUS/OTHER EXEMPTION**  
As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Exempted Child (PRINT) \_\_\_\_\_ Child's Date of Birth (Month, Day, Year) \_\_\_\_\_

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.