

# 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.

# Exemption Form

# Delaware Requirements

NOTARIZED AFFIDAVIT REQUIRED PER 14 DEL. CODE SEC. 131

AFFIDAVIT OF RELIGIOUS BELIEF  
STATE OF DELAWARE  
..... COUNTY

**Religious exemptions must be submitted on the Notarized Affidavit of Religious Belief form from the table above and must be notarized by a Notary Public**

1. (I) (We) (am) (are) the (parent[s]) (legal guardian[s]) of \_\_\_\_\_  
Name of Child
2. (I) (We) hereby (swear) (affirm) that (I) (we) subscribe to a belief in a relation to a Supreme Being involving duties superior to those arising from any human relation.
3. (I) (We) further (swear) (affirm) that our belief is sincere and meaningful and occupies a place in (my) (our) life parallel to that filled by the orthodox belief in God.
4. This belief is not a political, sociological or philosophical view of a merely personal moral code.
5. This belief causes (me) (us) to request an exemption from the mandatory school vaccination program for Name of Child, \_\_\_\_\_.
6. (I) (We) acknowledge that, in the event that the Division of Public Health declares that there is an outbreak of a vaccine preventable disease, or if in the estimation of the Division of Public Health, (my) (our) child has had, or is at risk of having an exposure to a vaccine preventable disease, (my) (our) child shall be temporarily excluded from attendance at the public school, in which case, it will be (my) (our) responsibility, along with the school, to assist (my) (our) child in keeping up with school work, and (my) (our) child shall be authorized to return to school once approved by the Division of Public Health.
7. (I) (We) acknowledge that (I) (we) have been given the opportunity to receive from the school district information regarding the medical benefits and risks in choosing whether to have the child participate in the immunization program, and if (I) (we) have not taken that opportunity, it is hereby waived.

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian(s)

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)

My commission expires: \_\_\_\_\_