

Washington County Department of Education

Vaccination(s) Refusal Due to Personal Religious Beliefs

6.402.1

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Phone: _____ Email: _____

I am declining to have my child immunized for personal religious reasons.

I have had the opportunity to discuss these with my child's health care provider or the health department and to have my questions, if any, answered. By signing below, I acknowledge that I understand the following:

- The purpose and the need for the recommended vaccine(s);
- The risks and benefits of the recommended vaccine(s); and
- If my child does not receive the vaccine(s), I accept the consequences of my decision which may include:
 - My child contracting the illness that the vaccine should prevent;
 - My child transmitting the disease to others; and
 - The need for my child to stay out of daycare or school during disease outbreaks.

Pursuant to Tennessee Code Annotated § 49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccination(s) conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct. I acknowledge that I have read this document in its entirety and fully understand it.

Signature of Parent/Guardian

Date

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