

# Request for Immunization Waiver Minot Child and Youth Programs

SPONSOR'S NAME: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CYP ACTIVITY: (check all that apply)  CDC  FCC  SAC  YP

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I am requesting a **religious immunization exemption** for my child for the following reason(s):

**\*\*NOTE: As per AFI 34-144, 2 Jul 19: Requests for religious exemptions must include a statement explaining that the requestor's sincerely-held religious beliefs form the reason for the objection.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand there are risks involved when choosing not to immunize my child/dependent against vaccine-preventable diseases. I acknowledge and understand my child/dependent may be excluded from attending Child and Youth Programs during a vaccine-preventable disease outbreak until Public Health determines the outbreak is over.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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I am requesting a **medical immunization exemption** for my child for the following reason(s):

**\*\*NOTE: Documentation must be included from the primary care provider or allergy provider for the exemption.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand there are risks involved when choosing not to immunize my child/dependent against vaccine-preventable diseases. I acknowledge and understand my child/dependent may be excluded from attending Child and Youth Programs during a vaccine-preventable disease outbreak until Public Health determines the outbreak is over. Medical exemptions are evaluated routinely.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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