**Kansas Immunization Law Religious Exemption Form**

As per Kansas Statute 72-5209, all children upon entry into a Kansas school must be appropriately vaccinated. Immunization requirements and recommendations are based on the Advisory Committee of Immunization Practices (ACIP) recommendations and the consensus of the Governor’s Child Health Advisory Committee Immunization Workgroup. K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. Children with religious exemptions shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school. All susceptible students will be excluded from school based on public health officials’ determination that the school is a primary site for disease exposure, transmission and spread into the community. Students excluded from school for this reason will not be able to return to school until

(1) the danger of the outbreak has passed as determined by local public health officials,

(2) the student becomes ill with the disease and completely recovers, or

(3) the student is immunized.

Parents or guardians seeking an exemption on the basis that immunizations would be contrary to religious beliefs of the child should complete the following statement.

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To Whom It May Concern:

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of Student)

I hereby assert that this student is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations, therefore, this child shall be exempt from the required immunizations under Section 72-5209 of Kansas Statute and shall be permitted to attend school **except in the case of a vaccine-preventable disease outbreak in the school.**

Please initial each line below:

\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand the benefits and the risks of the vaccine(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand the risk of contracting the disease(s) that the vaccine(s) prevent.

\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand the risk of transmitting the disease(s) to others.

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(Signature of Parent-Guardian) (Date)

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(Address) (Phone)