**Vaccination Exemption Form**

As the parent/legal guardian of the children specified below

**[Student Name] – Birth Date: [Date]  
[Student Name] – Birth Date: [Date]**I state with this form that my child is exempt from all vaccinations, mandatory mask wearing and any medical intervention that I have not specifically authorized, because of personal and religious beliefs (Utah Code Title 53G, Chapter 9, Part 3, Section 303, Grounds for exemption from required vaccines, subsection 3, effective 5/5/2021). A school may not deny my student to participate in an in-person learning option based upon the student’s vaccination status (subsection 5).

<https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S303.html>

I am aware that the school is at liberty to accept this exemption without permission from any health department.

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

Parent/Legal Guardian Signature Printed Name Date





