

**AFFIDAVIT OF REFUSAL OF IMMUNIZATION--
FOR REASON OF RELIGIOUS CONFLICT
(For School Admission)**

The undersigned, being first duly sworn, states upon oath as follows

This affidavit is submitted for the following child: _____.

I state that I am submitting this affidavit in the position of (*initial* as appropriate):

- _____ Self, as I am the child and I am of the age of majority
- _____ As a legally authorized representative of the child based on (insert description of legal authority; e.g., parent or legal guardian):

I understand that state law requires that the child be protected by immunization against certain contagious diseases prior to enrollment in school. I hereby swear and affirm that such immunization requirements (*initial* as applicable):

- _____ Conflict with the tenets and practice of a recognized religious denomination of which the child is an adherent or member; or
- _____ Conflict with the personal and sincerely followed religious beliefs of the child.

I will not hold [Name] Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain immunization for the child.

IN WITNESS WHEREOF, this affidavit is signed and acknowledged this ____ day of _____, 20__.

Affiant

STATE OF NEBRASKA)
) **ss.**
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____.

Notary Public

[Legal Reference: Neb. Rev. Stat. sections 79-217 and 79-221; HHS Regulation 173 NAC 3]

**AFFIDAVIT
Refusal of Immunization of Student for Religious Reasons**

State of Nebraska

ss.

County of

This Affidavit is being submitted on behalf of

(Name of Student)

(Birthdate of Student)

If the student is of the age of majority:

I, _____, of lawful age and being first duly sworn,
(Name of Affiant/Student)
depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

If the student is a minor:

I, _____, as legally authorized representative of
(Name of Affiant)

, of lawful age and being first duly sworn,
(Name of Student)
depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of

Notary Public