

8511.2 Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

(Name of Student)

(Birthdate of Student – mm/dd/yyyy)

If the student is of the age of majority:

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

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 personally 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, depose and
(Name of Student)

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 personally and sincerely followed religious beliefs.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

Notary Public

STATE OF NEBRASKA)

)

County of: _____)

My Commission expires: _____