



Religious Exemption from Vaccinations

Child's Name _____

Parent/Legal Guardian Name _____

Address _____

State _____ Zip Code _____

Pursuant to Tennessee Code Annotated 49-6-5001 (b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian Signature

Date _____