REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM
PARENT /GUARDIAN STATEMENT (FOR MINORS UNDER 18 YEARS)

Name of Student________________________________________________________________________________________________

Student ID Number________________________________________________________________________________________________

Name of Parent(s) /Guardian(s)______________________________________________________________________________________

This form is to be used in applying for a religious exemption to New York State Public Health Law 2165 immunization requirement for measles, mumps and rubella immunizations for your child. Its purpose is to establish the religious basis for your request since New York State permits religious exemptions for students attending a post-secondary institution on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization do not justify as an exemption under New York Department of Health regulation. Canisius College reserves the right to request additional supporting documentation.

In the area provided below, please write your statement. The statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption for your child
- Describe the religious principles that guide your objection to immunization for your child
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations for your child

You may attach to this form additional written pages or other supporting materials if you so choose.

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Please sign in the space provided below and have the document notarized by a notary public where indicated.

I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization materials provided to me by Canisius College. I understand that by signing this form I assume all responsibility for risk of exposure to and infection with measles, mumps and/or rubella that may occur while my child is on campus, in class, residing at school or at campus sponsored events and any health related complications that may result from such infection. I understand that in the event of an outbreak of any of these communicable diseases, my child may be excluded from campus which includes but is not limited to exclusion from class attendance, college housing and participation in all college activities. I understand my child may be prohibited from entering academic classrooms, libraries, college residences, dining halls, community spaces and from participating in academic experiences, internships, sporting events, and social functions. I understand and accept full responsibility for all financial obligations and academic consequence that may result from this religious exemption including but not limited to tuition, housing, meal plans, college fees, travel, additional lodging, lower grades, class withdrawal and medical care.

Signature of Parent/Guardian                                Date

Notary Public Seal

You will be notified in writing if this request has been denied. Please note if your request is denied you can contact the New York State Department of Health for further assistance.