Official legal form for the Diocese of Salina

Immunization Exemption and Waiver
Diocese of Salina Catholic Schools

The State of Kansas regulation (K.A.R. 28-1-20) defines immunizations required for any individual who attends school or a childcare program operated by a school. The law requires any pupil entering school for the first time in Kansas, prior to admission, to present to school authorities certification from a licensed physician that the child has received, or is in the process of receiving, immunization against poliomyelitis, mumps, measles, pertussis, diphtheria, tetanus, pertussis varicella (chicken pox) and hepatitis B; or that a statement presenting a valid exemption be provided.

The teachings of the Catholic Church are not opposed to such tests and inoculations. The Diocese and the Diocesan schools strongly encourage parents to have their children immunized, yet some parents also contend that Diocesan policy on immunizations is forcing them to act against their religious beliefs or their child has a medical condition that by receiving immunizations would endanger his/her life; and

Furthermore, the Diocese is sensitive to other religious beliefs and medical exceptions, and accordingly provides for parents and/or legal guardians of a child to execute this Immunization Exemption and Waiver.

Parent/Guardians Name _____ Student Name _____

In consideration of the foregoing, the above named Parents and/or Legal Guardians of the above named Student hereby state and declare:

1. *The Student should be exempt from the immunization requirement for the following reason:*

___ *Medical Exemption*

The physical condition of the Student is such that the tests and immunizations would seriously endanger the Student's life or health. A written certification from a licensed physician declaring this is attached.

___ *Religious Exemption*

The Student is an adherent of a religious denomination whose religious teachings are opposed to such test and immunization, or the parents are opposed to such test and

immunization based on their well-formed conscience. A documented meeting between the parent(s)/guardian(s) and the School Pastor is attached.

2. *The above named Parents and/or Guardians assume full responsibility for the health of the Student named above and hereby release and discharge the School and the Diocese from any claim arising as a result of the School allowing the Student to attend classes, even though not immunized.*

3. *The above named Parents and/or Guardians acknowledge that the Catholic school's policy is to exclude any non-immunized student from classes in the event a disease for which immunization has been declined is present in the Catholic school.*

_____ _____

Name of Student *School*

_____ _____

Parent / Legal Guardian *Parent / Legal Guardian*

_____

Date

_____ _____

School Pastor *Date*