

Highlands Latin School Immunization Waiver

AFFADAVIT TO BE SIGNED BY PARENT OR GUARDIAN

I request exemption of my child _____ from the immunization requirements for school entry because these immunizations are contrary to my personal beliefs. I understand that in case of an outbreak of any of the diseases listed in section KRS 214.034 that my child may be temporarily excluded from school for his or her protection.

Print Name

Date

Signature

KRS 214.034

214.034. Immunization of children—Testing and treatment of children for tuberculosis—Requirement for reception and retention of current immunization certificate by schools and child-care facilities except as otherwise provided in KRS 214.036:

1) All parents, guardians, and other persons having care, custody, or control of any child shall have the child immunized against diphtheria, tetanus, poliomyelitis, pertussis, measles, mumps, rubella, hepatitis B, and haemophilis influenzae disease in accordance with testing and immunization schedules established by regulations of the Cabinet for Health and Family Services. Additional immunizations may be required by the Cabinet for Health and Family Services through the promulgation of an administrative regulation pursuant to KRS Chapter 13A if recommended by the United States Public Health Service or the American Academy of Pediatrics. All parents, guardians, and other persons having care, custody, or control of any child shall also have any child found to be infected with tuberculosis examined and treated according to administrative regulations of the Cabinet for Health and Family Services promulgated under KRS Chapter 13A. The persons shall also have booster immunizations administered to the child in accordance with the regulations of the Cabinet for Health and family Services.