

Immunization Affidavit Certification of Objection to Immunization

Family Day Care Provider: _____

Parent/Guardian: _____

In accordance with South Dakota Codified Law 13-28-7.1, I hereby certify that the administration of vaccine and other immunizing agents to my child _____, is contrary to my beliefs which are adherent to a religious doctrine whose teachings are opposed to such test and immunizations. I therefore request exemption from the Department of Social Services' rule requirements for immunizations.

I understand there are risks associated with non-immunization for my child.

All foregoing statements are true to the best of my information, knowledge, and belief.

Signed _____ Date _____
Parent/Guardian

Signed _____ Date _____
Parent/Guardian