

Minnesota Conscientious Exemption to Vaccination

To Whom It May Concern at _____ School District;

_____, as the Parent(s) of _____

are exercising our rights under the First Amendment of the US Constitution and Minnesota Statutes: 121A.15 Health Standards; Immunizations; School Children; Subd. 3 (d) to file a Religious/Conscientious Exemption to all vaccinations.

Respectfully,

Parent(s) Names _____

Parent(s) of _____

Date _____

Notarized:

State of _____, _____ County

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ____ day of _____, 20 ____.

Notary Signature: _____

Prepared by the Vaccine Safety Council of Minnesota

<http://vaccinesafetycouncilminnesota.org/> info@vaccinesafetycouncilminnesota.org