



# Vaccine Safety Council *of Minnesota*

## **Minnesota Conscientious Exemption to Vaccination**

(File this completed form with school or daycare)

\_\_\_\_\_, as the Parent(s) of \_\_\_\_\_

exercise our rights under the First Amendment of the United States Constitution and Minnesota Statutes 121A.15 (Health Standards; Immunizations; School Children; Subd. 3(d)) to file a Conscientious Exemption to all vaccinations for my/our child.

Parent(s) Signature(s): \_\_\_\_\_

Date \_\_\_\_\_

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### **Notarization:**

State of \_\_\_\_\_, County of \_\_\_\_\_

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: \_\_\_\_\_