



Roots School
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REQUEST FOR EXEMPTION FROM IMMUNIZATION ON RELIGIOUS GROUNDS

I understand that my child is susceptible to vaccine preventable diseases. I further understand that if any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that my child will be excluded from school until the threat of an epidemic is over, or he/she receives the proper immunization.

I, _____

as the parent, guardian or person in loco parentis of the child,

do hereby certify that the administration of any vaccine or immunizing agents is contrary to our bona fide religious tenets and practices. This is pursuant to my right to refuse vaccination based on Hawaii State Law, HRS §302A-1154 to §302A-1163, HRS §325-0034, and HAR §11-157-5.

Child's Full Legal Name: _____

Date of Birth: _____

School: _____

Parent/Guardian #1 Name: _____

Signature of Parent/Guardian #1 _____

Date: _____

Parent/Guardian #2 Name: _____

Signature of Parent/Guardian #2 _____

Date: _____