



Foxborough Public Schools

FOXBOROUGH, MASSACHUSETTS 02035

SCHOOL YEAR _____

Notice of Religious Exemption to Vaccinations

I, Parent/Guardian of _____ (print students name) have received a copy of the Massachusetts Department of Public Health Immunization Exemptions and Vaccine Preventable Disease Exclusion Guidelines in School Settings. I understand the school nurse and/or Principal will notify me when there is an occurrence of a vaccine preventable disease present at school.

I understand that the Massachusetts Department of Public Health additionally requires **annual renewal** of religious exemptions in writing at the beginning of each school year. Philosophical exemptions are not allowed by law in Massachusetts, even if signed by a physician. Only medical and religious exemptions are acceptable. These exemptions must be kept in the students' files at school (105 CMR 220.000 and M.G.L. c.76, ss. 15, 15C and 15D).

As per General Laws of Massachusetts chapter 76, section 15C (Vaccination and Immunization; Exceptions by Reason of Physical Condition or Religious Belief) I am exempting my child from vaccination because it conflicts with my sincerely held religious belief.

Parent/Guardian Name

Date