To Whom It May Concern:

As the parent of the listed children, I object to submitting my child's medical and dental examination records, as well as to certain medical and dental procedures, on religious grounds or on the basis of a strong moral or ethical conviction similar to religious beliefs.

We attest however, as stated in the attached affidavit, that comprehensive medical records are kept for this child. We also affirm that he/she is under the regular care of a pediatrician.

Names of Children Exempt:

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

Parent’s Name

Address

Phone

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

28 PA Code

#### § 23.45. Objections to examination on religious grounds.

1. *Religious exemption*. School children or school employees may be excused from regular or special medical or dental examinations on presentation of written evidence to the school administrator that the examinations are contrary to the religious beliefs of the parent or guardian of the child or of the employee.

**§ 23.84. Exemption from immunization.**

(b) *Religious exemption.* Children need not be immunized if the parent, guardian or

emancipated child objects in writing to the immunization on religious grounds or on

the basis of a strong moral or ethical conviction similar to a religious belief.

taken from: http://www.pacode.com/secure/data/028/chapter23/s23.84.html