Statement of Vaccine Exemption

Colorado State Law 25-4-903(2)(b) states:

A parent may obtain an exemption from vaccines by “…submitting to the student’s school a statement of exemption signed by one parent or guardian or the emancipated student or student eighteen years of age or older that the parent, guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or that the parent or guardian or the emancipated student or student eighteen years of age or older has a personal belief that is opposed to immunization.”

And a letter from Larry Wolk, Director of CDPHE and Katy Anthes, Commissioner of CDE dated April 12, 2017 reiterates and acknowledges this law by stating:  
  
 “… a parent/guardian or emancipated or student over the age of 18 may submit a signed non-medical statement of exemption per section 25-4-903 (2) (b), C.R.S.”   
  
Therefore, the following **Statement of Exemption** is being submitted directly to my child’s school. This information is protected from sharing with any other agencies by FERPA laws.  
  
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or legal guardian of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, age \_\_\_\_\_\_\_\_\_\_\_\_\_.   
  
After carefully examining the risks and benefits of vaccines I have decided NOT to have the following suggested pharmaceutical products injected into my child:

\_\_\_\_\_\_\_ Hepatitis B \_\_\_\_\_\_ Diphtheria, tetanus, pertussis (DTap) \_\_\_\_\_\_\_ Inactivated poliovirus (IPV). \_\_\_\_\_\_ Measles, mumps, rubella (MMR) \_\_\_\_\_\_\_ Varicella (chicken pox)  \_\_\_\_\_\_ Tetanus, diphtheria, pertussis (Tdap) \_\_\_\_\_\_\_ Haemophilus influenza type b (Hib) \_\_\_\_\_\_ ALL

My child is hereby exempt from the above specified vaccines due to:

\_\_\_\_\_\_\_My firmly held personal beliefs about the priority and sanctity of protecting my child’s health.

\_\_\_\_\_\_\_My deeply held religious beliefs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Legal Guardian date of exemption

For more information please feel free to contact:  
The Colorado Coalition for Vaccine Choice  
www.ccfvc.org