



CALVARY CHAPEL

CHRISTIAN PRESCHOOL

RELIGIOUS EXEMPTION

As the parent/guardian of _____,
I certify that I have religious beliefs or practices that oppose immunizations. I hereby
request that my child be exempted from Nevada Revised Statutes.

I also understand that if an outbreak of any vaccine-preventable disease occurs for
which this child is exempted, the child for whom this exemption is claimed is to be
excluded from school or early childhood program for the duration of the outbreak and/or
threat of exposure. My child will be allowed back only when a health department
representative is satisfied that there is no longer a risk of contracting or transmitting a
vaccine preventable disease.

Parent/Guardian Name

Parent/Guardian Signature

Street Address

Home Phone

Cell Phone

Date