

MINNESOTA DAYCARE, SCHOOL & HOMESCHOOL CONSCIENTIOUS EXEMPTION

\_\_\_\_\_, as the Parent(s) of \_\_\_\_\_

are exercising our rights under the First Amendment of the United States Constitution and Minnesota Statutes: 121A.15 Health Standards; Immunizations; School Children; Subd. 3 (d) to file a Conscientious Exemption to all vaccinations not listed on the attached medical record.

Respectfully,

Parent(s) Signature (s) \_\_\_\_\_

(Sign in presence of Notary) \_\_\_\_\_ Date \_\_\_\_\_

**Notarized:**

State of \_\_\_\_\_, \_\_\_\_\_ County

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Signature: \_\_\_\_\_