## Religious Exemption Statement

	(Printed full, legal name of child)	<del></del>			
I, the u	undersigned, do hereby swear or affirm	m, as the case may be as follows:			
1.	I am making this Religious Exempti the child may enroll in youth camp a	on Statement pursuant to Conn. Gen. at	Stat. § 19a-428 so that		
2.	I am the lawful □parent □guardia	n of the child.			
3.	Immunizing said child would be contrary to the $\Box$ child's $\Box$ parent's $\Box$ guardian's religious beliefs.				
4.	I understand that by claiming this exemption the child shall be exempt from one or more of the immunizations required by Conn. Gen. Stat. §§ 19a-428 and 19a-7f.				
5.	camp program, all susceptible children, including the named child health official determines that the output camp program if a public site for disease exposure, transmissichildren, including the named child health official determines that the output campaigness is a susceptible children in the control of the control of the campaigness is a susceptible children in the control of the campaigness is a susceptible children in	reventable disease outbreak at the above, including the child named above whealth official determines that the program and spread into the community. In shall be excluded from the program untbreak danger has ended; (2) the child in it; (3) the child is vaccinated according immunity to the disease.	will be excluded from gram is a significant such case, such ntil: (1) the public d becomes ill with the		
Name	(s) of Parent(s)	Signature of Parent(s)/Guardian(s)	Date		
Name	(s) of Parent(s)	Signature of Parent(s)/Guardian(s)	Date		
Address (Street & House or Apt. Number)		Telephone Nu	umber		
City, S	State and Zip Code				

## ACKNOWLEDGEMENT

STATE OF CONNECTICUT			
:			
COUNTY OF	: ss: :		
On this the,,	, before me,		_the
undersigned officer, personally appeared		known to me (or satisfactoril	y proven)
to be the person whose name he or she subst	cribed to the within	instrument and acknowledged	that <u>he or</u>
she executed the same for the purposes there	ein contained.		
In witness whereof I hereunto set my hand.			
	Judge		
	Family Support Magistrate		
	Clerk/Deputy Clerk (include seal)		
	Town Clerk		
	Notary Public My Commission expires (		
	Justice of the Peace		
	Commissioner of the	he Superior Court (bar no	)