

PARENTAL NOTICE OF REFUSAL OF CONSENT AND PERSONAL BELIEFS EXEMPTION FOR COVID-19 VACCINATIONS OF LEGAL MINOR STUDENT

Name of legal minor student: _____

Date of Birth: _____

Please note that vaccination of a legal minor student against the wishes of the student's parents and/or legal guardians may violate civil and criminal law.

Please note that the undersigned parent(s) and/or legal guardian(s) of the above-identified legal minor student explicitly refuse, decline, and withhold consent for any COVID-19 vaccination of that legal minor student.

I/we have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the legal minor student named above and to the community of COVID-19.

I/we hereby exercise our rights under California law to refuse any and all COVID-19 vaccinations on behalf of my/our child.

I/we hereby exercise our rights under California Health and Safety Code section 120338 to request exemption of my/our child from any and all COVID-19 vaccinations that might be otherwise required, as COVID-19 vaccinations are contrary to my/our beliefs.

Parent / Guardian #1 name: _____

Parent / Guardian #1 signature: _____

Date: _____

Parent / Guardian #1 name: _____

Parent / Guardian #1 signature: _____

Date: _____

Address: _____

Contact phone number: _____