



AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

_____ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____ (name of minor child), born on _____ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined:
 - a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
 - b. that the required vaccinations are safe;
 - c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
 - d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

This ____ day of _____, _____.

Parent or Legal Guardian

Sworn and subscribed before me
this ____ day of _____, _____.

Notary Public
My commission expires _____.



Newnan Presbyterian School

Immunization Requirements

The Coweta County Health Department and the State of Georgia require the following forms to be on file at Newnan Presbyterian School for each child in attendance.

- Immunization Form 3231, that your Pediatrician can provide, or a notarized Religious Exemption from Immunizations Form 2208 (revised June 2019), that can be found on our website at www.newnanps.org.

If the school already has this form on file for your child, you will be notified within 30 days of the form expiring so that you can get the needed immunizations for your child and return an updated form to the school. An updated, non-expired Form 3231 **MUST** be on file with the school no more than 30 days after the previous form expires.

A photo copy of the signed certificate is acceptable but **may not be altered** in any way (no white out).

- Eye, Ear, and Dental Examination Form 3300
This form must on file for all students in Grade 1 and above.

Please be advised that **Georgia Law REQUIRES** the school to have current copies of these forms on file or your child **CANNOT** attend school until an updated form is provided.