# Certification of Objection to Immunization

**Child Care Provider:** _____

**Parent/Guardian:** _____

In accordance with Administrative Rules of South Dakota 67:42:17:24, I certify that the administration of vaccines or other immunizations to my child, _____, is contrary to my personal beliefs, which follow a religious doctrine that opposes such immunizations.

I understand that choosing not to immunize my child carries certain health risks. I also affirm that the information provided here is true and accurate to the best of my knowledge.

**Parent/Guardian Signature:** _____
**Date:** _____

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**Important Information for Parents:**

Before a child can attend an early childhood program in South Dakota, documentation is required showing that the child has received—or is in the process of receiving—recommended immunizations.

Alternatives to a physician's certification of current immunizations include:

1. A statement from a licensed physician that immunization could endanger the child's life or health.
2. A written statement from a parent/guardian that the child's religious beliefs oppose immunization.

The Department of Health may establish rules to ensure proper documentation and compliance with immunization requirements.