

Parental Vaccine Exemption Consent Letter

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian Name]**, the parent/guardian of **[Child's Name]**, born on **[Child's Date of Birth]**, hereby declare my intention to exempt my child from vaccination for the following reasons:

- [Reason for exemption]
- [Reason for exemption]
- [Reason for exemption]

I understand the implications of refusing vaccination and acknowledge that I am making this decision with full awareness of the potential health risks involved.

Should you require further information, please feel free to contact me at **[Phone Number]** or **[Email Address]**.

Thank you for your understanding.

Sincerely,

[Parent/Guardian Name]

[Address]