A parent or guardian for a minor child may exempt their student from the COVID-19 Vaccination Policy by submitting this completed form to Delaware State University (University). A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection.

STATE OF ___________________
_____________________ COUNTY

1. I, _______________________________________ (insert parent/guardian name), parent of ________________ (insert minor student name) hereby swear/affirm (circle one) that I subscribe to a belief in a relation to a Supreme Being involving duties superior to those arising from any human relation.

2. I hereby swear/affirm (circle one) my belief is sincere and meaningful and occupies a place in my life parallel to that filled by the orthodox belief in God.

3. This belief is not a political, sociological or philosophical view of a merely personal moral code.

4. This belief causes me to request an exemption from the mandatory University COVID-19 Vaccination Policy for ________________ (insert minor student name).

5. I acknowledge that, in the event that the Division of Public Health declares that there is an outbreak of a vaccine preventable disease, or if in the estimation of the Division of Public Health, my child has been or is at risk of having an exposure to a vaccine preventable disease, he/she shall be temporarily excluded from attendance at the University, in which case, it will be my responsibility to assist him/her with keeping up with academic work, and he/she will be authorized to return to the University only upon approval by the Division of Public Health and/or Campus Health Services.

6. I acknowledge that I have been given the opportunity to receive from the University information regarding the medical benefits and risks in choosing whether to obtain the COVID-19 vaccine, and if I have not taken that opportunity, it is hereby waived.

7. I release the University, the University’s Board of Trustees, and its employees from any responsibility for any impairment of my health resulting from this exemption.

___________________________________
Parent/Guardian Signature

SWORN TO AND SUBSCRIBED before me, a registered Notary Public, this ____ day of ____________, 2021.

(Seal)
Notary Public ________________________________________________
My commission expires: ______________