



KAMEHAMEHA SCHOOLS®

REQUEST FOR COVID-19 VACCINATION EXEMPTION

Student's Name _____
Last First

Date of Birth: ____/____/____ Grade Entering _____ Student ID: _____

I/We am/are requesting an exemption for our above-named child from the COVID-19 vaccination required by Kamehameha Schools in order for my/our student to participate in athletics and/or other designated high risk activities on the basis that my/our bona fide religious tenets and beliefs prohibit the practice of vaccination including the COVID-19 vaccine.

I/We understand that if the exemption from vaccination is granted, my/our child will be required to undergo weekly COVID-19 testing, with the possibility of additional testing to meet the requirements of the athletic leagues and/or competitor's league.

I/We understand that vaccination against the virus that causes COVID-19 is recommended by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. I/We also understand that if unvaccinated, my/our child has increased risk of becoming infected with the SARS-CoV-2 virus, developing COVID-19, and transmitting the virus to others

I/We understand the benefits and risks of the COVID-19 vaccination that my/our child is required to have to participate in athletics and/or other designated high risk activities, the risk of my child contracting the disease that the COVID-19 vaccine prevents, and the risk of my child transmitting the disease to others that may cause the cessation of in-person school instruction; school activities, athletic programs, and events; or injury, hospitalization, or death.

I/we understand that this form may not be used to claim an exemption based on non-religious (personal or philosophical) reasons. I/we understand that, in the absence of vaccination, the school may require periodic testing of my child for the presence of COVID-19 and/or impose restrictions including exclusion from participating in certain in-person activities, athletic programs, and events, to protect the health and safety of other persons.

I/We understand that at this time vaccination to prevent COVID-19 is not required by the Hawai'i Department of Health and approval of a religious exemption from the COVID-19 vaccination is not a religious exemption from any or all vaccinations that are required by the Hawai'i Department of Health. If at any time there is, vaccination against the virus that causes COVID-19 becomes required by the Hawai'i Department of Health, or there is, in the opinion of the director of the Department of Health for the State of Hawai'i, danger of an outbreak or epidemic from the diseases for which the COVID-19 vaccination is required, this exemption from the COVID-19 vaccination shall not be recognized. I/We understand that my/our child will be excluded from school until the director has determined that the threat of an outbreak of an epidemic is over or my/our child receives the proper vaccination.

I/We certify that my/our bona fide religious tenets and practices prohibit immunization, and attest that I am/we are claiming this religious exemption from obtaining vaccination against the virus that causes COVID-19 based on my/our honest and sincere religious beliefs and not for any other purposes.

Print Name of Mother/Legal Guardian

Signature of Mother/Legal Guardian

Date

Print Name of Father/Legal Guardian

Signature of Father/Legal Guardian

Date