

LINCOLN DIOCESAN IMMUNIZATION POLICY

Students enrolling in the Lincoln Diocesan Catholic Schools are expected to be vaccinated according to the requirements of state law.

The following exceptions are recognized:

Medical

This requires a waiver signed by a competent medical authority.

Conflicts with personal and sincerely followed religious beliefs

Parents/guardians must submit a sworn and notarized affidavit listing which required immunizations have not been received.

Although an exemption may not be claimed on the basis that use of current immunizations directly violates Catholic religious-moral teaching, parents may discern the issue in accord with their well-formed consciences. However, key elements of the Church's teaching on immunization must be read and parents/guardians must sign an affidavit affirming that these are ecclesial teachings to which Catholics must offer "a religious submission of the intellect and will."

The parents/guardians must sign a statement indemnifying the school against liability and agreeing to accept the cost of liability defense for the school-parish if a suit is filed for damages alleged to have been caused by their non-immunized child's illness.

The school is to receive an assurance statement from a physician that the parents/guardians have received information on the risks associated with the failure to immunize. A copy of the material is required along with the statement.

If a disease for which the child is not immunized breaks out in the community (or if the child contracts the disease), then the child will not be allowed to attend school until the outbreak is contained (or the child recovers and presents a release from a medical professional or physician's note assuring recovery). The school is not obligated to modify services during this time.

*Approved
JPC 2/27/19*

REFUSAL OF IMMUNIZATION For Medical Reasons

As the physician of:

| | | |
|--------------------------------|-------------------|--------------|
| <i>Child's Last Name</i> | <i>First Name</i> | <i>Age</i> |
| / / | | |
| <i>Birth Date (mm/dd/yyyy)</i> | <i>School</i> | <i>Grade</i> |

I have elected to not immunize this student against the following disease(s):

♣ Each disease for which a vaccine has not been administered must be checked. Parent / guardian must submit dates of immunization for all other diseases.

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella
- Pneumococcal Conjugate
- HIB (Haemophilus Influenzae Type b)
- Hep A
- Rotavirus

In my opinion, this immunization would be injurious to the health and well-being of :

The student

A member of the student's household or family

Comments: _____

Signature of Physician

Date

AFFIDAVIT

Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

/ /

(Name of Student)

(Birthdate of Student – mm/dd/yyyy)

If the student is of the age of majority:

I, _____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Affiant/Student)

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs. List the vaccinations not received on the back of this page.

If the student is a minor:

I, _____, as legally authorized representative of
(Name of Affiant)

_____, of lawful age and being first duly sworn, depose and state as follows:
(Name of Student)

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs. List Vaccinations not received on the back of this page.

(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ .

Notary Public

STATE OF NEBRASKA)
) SS.
County of: _____)

My Commission expires: _____

ACKNOWLEDGEMENT OF CHURCH TEACHING

The use of vaccinations currently required of children under Nebraska State law does not constitute a direct violation of Catholic moral teaching.

“On Vaccines Prepared from Cells Derived from Aborted Human Fetuses”

“As regards the diseases against which there are no alternative vaccines which are available and ethically acceptable, it is right to abstain from using these vaccines if it can be done without causing children, and indirectly the population as a whole, to undergo significant risks to their health. However, if the latter are exposed to considerable dangers to their health,” [the determination of which is generally considered to be within the competency of the medical community, not the Church or individuals] “vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid passive material cooperation is not obligatory if there is grave inconvenience. Moreover, we find, in such a case, a. proportional reason, in order to accept the use of these vaccines in the presence of the danger of favoring the spread of the pathological agent, due to the lack of vaccination of children. This is particularly true in the case of vaccination against German measles.”

“German measles may result in Congenital Rubella Syndrome. Congenital Rubella Syndrome “could occur, causing grave congenital malformations in the fetus, when a pregnant woman enters into contact, even if it is brief, with children who have not been immunized and are carriers of the virus. In this case, the parents who did not accept the vaccination of their own children become responsible for the malformations in question, and for the subsequent abortion of fetuses, when they have been discovered to be malformed.”

Pontifical Academy for Life, Congregation for the Doctrine of the Faith, 2005

With these signatures, we attest that we have read, understand and recognize the aforementioned points to be Church teaching, to which Catholics must offer "a religious submission of the intellect and will."

Signature of Father/1st Guardian Date Signature of Mother/2nd Guardian Date

INDEMNIFICATION STATEMENT

We the Parents/Guardians of _____ understand and accept the risks associated with allowing my unimmunized child to attend school, extended care program, or other school affiliated activities, and I accept the risk of disability, illness, or death to my child as a result of the decision to allow my child to attend a program with other children who may expose my child to a vaccine preventable disease or illness. We understand that, should we decline to execute this agreement and my child remain unimmunized, my child will not be permitted to attend school, extended care program, or other school affiliated activities.

With these dangers in mind, we fully and voluntarily assume the risks involved in our decision as stated above. In doing so, we **understand that I am waiving – on behalf of ourselves, our dependent child, and all of our guardians, executors, administrators, legal representatives, successors, heirs or assigns – all rights and claims for damages, demands, and any other actions stemming from any loss, damage or injury to our dependent child that may arise from our decision to allow our unimmunized child to attend school, extended care program, or other school affiliated activities.**

We also understand and agree that we may be held liable for any damage, injury or loss to the (Diocese/school) that is caused by our own negligence, and we also understand and agree that we may be held liable for any damage, injury or loss to any third party that is caused by our own negligence. Finally, we promise to indemnify and hold harmless the (Diocese/school) and any of its agents or assigns for any cause of action, claims, suits, losses, and costs, including reasonable attorney’s fees, arising out of our negligence associated with our decision to allow our unimmunized child to attend school, extended care program, or other school affiliated activities.

Unimmunized children may be excluded from school, extended care program, and other school affiliated activities when a vaccine preventable illness or disease occurs in a facility. As few as 1 reported case in a facility may lead to exclusion from school, extended care program, and other school affiliated activities. Unimmunized children who are excluded from school, extended care program, and other school affiliated activities during a vaccine preventable illness may not return until risk of spread of infection or illness has passed. In the case of influenza virus, exclusions from school, extended care and other school related activities will extend until the end of influenza season.

| | | | |
|--|------|--|------|
| Signature of Father/1 st Guardian | Date | Signature of Mother/2 nd Guardian | Date |
|--|------|--|------|

(Revised 3-6-2019)

ASSURANCE STATEMENT

The parent(s) /guardian(s) of

(Names of Children)

have received information on the risks associated with the failure to immunize. A copy of the material is included with this statement.

Signature of Physician

Date