

Florida K-12 Parent Opt-Out Notice

To Whom It May Concern: Please take notice that pursuant to Florida Statutes (“F.S.”) §§1003.22, 1003.42(3), 1003.44, and 1003.47; Fla. Admin. Code R. 64D-3.046; 20 United States Code (“U.S.C.”) §1232(h); and 34 Code of Federal Regulations (“CFR”) 98, my child is to be excused and exempted for the current school year from the following school instruction and/or activities as indicated by the boxes checked below.

- Reproductive Health & Disease Education** – To the school principal: Pursuant to F.S. §1003.42(3) this shall serve as a written notice that my child is to be exempted from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment.
- Health Examinations** – To the health personnel providing health services at my child’s school: Pursuant to F.S. § 1003.22(1), this shall serve as written notice that my child shall be exempted from the requirement of a health examination (described in F.S. §1003.22(1)) due to my religious beliefs.
- Immunization** – To the _____ County Health Department medical director or designee: Pursuant to F.S. §1003.22(1) and Fla. Admin. Code R. 64D-3.046, my child is to be exempted from the immunization(s) as indicated below based upon the following: (*check those items which apply*)
- The administration of immunizing agents conflicts with my religious tenets or practices. I have completed and attached Florida Department of Health (“Department”) Form 681, as required by Fla. Admin. Code R. 64D-3.046(1)(a)(2).
- My child’s physician – licensed under F.S. Chapters 458 or 459 – certifies in writing that my child should be permanently exempt from the required immunization(s) for medical reasons as described in Part C of Department Form 680 (attached) and as required by Fla. Admin. Code R. 64D-3.046(2)(b). My child’s physician supports his or her conclusion(s) with valid clinical reasoning or evidence.
- My child’s physician – licensed under F.S. Chapters 458, 459, or 460 – certifies in writing that my child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations as described in Part B of Department Form 680 (attached) and as required by Fla. Admin. Code R. 64D-3.046(2)(b). My child’s physician supports his or her conclusion(s) with valid clinical reasoning or evidence.
- The Department has determined that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous.
- My child is a student who has transferred into a new county AND an authorized school official has issued a temporary exemption for up to 30 school days to permit my child to attend class until his or her records can be obtained. According to Department Form “Immunization Guidelines,” “[a]uthorized school officials are determined by the local school board and may include the principal, school nurse, or other designated entity.”
- My child is a student who is (1) homeless under F.S. § 228.041(35) and (2) known to the Department of Children and Families under F.S. § 39.0016(1)(a). As such, my child is entitled to a temporary exemption for 30 school days from an authorized school official.
- My child is a student who has entered a juvenile justice program AND has been given an exemption by an authorized school official for 30 days to permit my child to attend class until his or her records can be obtained or until the immunizations can be obtained.

The immunization(s) for which my child is exempted are as follows:

- All immunizations.
- List of applicable immunizations:

Florida SHOTS – To the Florida Department of Health: Pursuant to Fla. Admin. Code R. 64D-3.046(6), this shall serve as written notice that my child and I decline participation in the Florida immunization registry, Florida SHOTS. I submit a Florida SHOTS Notification and Opt-out Form to the Department, either in English (DH Form 1478), Spanish (DH Form 1478S), or Haitian-Creole (DH Form 1478H). These forms are available from the Department of Health, Bureau of Immunization, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. As provided by the administrative code provision cited here, “The immunization records of children whose parents choose to opt-out will not be shared with other entities that are allowed by law to have access to the children’s immunization record via authorized access to Florida SHOTS.”

Dissection (check those items which apply)

Pursuant to F.S. §1003.47(1)(a), this shall serve as notice that my child is to be excused from participation in surgery or dissection activities on nonliving mammals or birds.

Pursuant to F.S. §1003.47(1)(c), this shall serve as notice that my child is to be excused from performing biological experiments on nonmammalian vertebrates.

Pursuant to F.S. §1003.47(1)(c), this shall serve as notice that my child is to be excused from engaging in anatomical studies of any animal (if an anatomical model is used).

Pursuant to F.S. §1003.47(1)(c), this shall serve as notice that my child is to be excused from engaging in anatomical studies of nonliving nonmammalian vertebrates (if no anatomical model is used).

Pledge of Allegiance – Pursuant to F.S. §1003.44(1), this shall serve as notice that my child is to be excused from reciting the pledge of allegiance. An excused student need not even stand at attention or put his hand over his or her heart when the pledge of allegiance is read. F.S. § 1003.44(1); *Frazier v. Winn*, 535 F.3d 1279 (11th Cir. 2008).

Private Information – Pursuant to the Protection of Pupil Rights Amendment (“PPRA”) (20 U.S.C. §1232h) and to 34 CFR § 98.1 et seq., absent my written consent, my minor child shall not be required to submit to a U.S.-Department-of-Education-funded-or-administered survey, analysis, or evaluation that reveals information concerning the following things (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):

- (1) political affiliations or beliefs of my minor child or me;
- (2) mental or psychological problems of my minor child or his or her family;
- (3) sexual behavior or attitudes;
- (4) illegal, anti-social, self-incriminating, or demeaning behavior;
- (5) critical appraisals of other individuals with whom respondents have close family relationships;
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
- (7) religious practices, affiliations, or beliefs of my minor child or me;
- (8) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program);

Furthermore, pursuant to the PPRA, my minor child shall not be required to participate in the following U.S.-Department-of-Education-funded-or-administered *activities* without prior notification from the local educational agency (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):

- (1) Activities involving the collection, disclosure, or use of personal information for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).
- (2) Any nonemergency, invasive physical examination or screening that is:
 - a. required as a condition of attendance;
 - b. administered by the school and scheduled by the school in advance; and
 - c. not necessary to protect the immediate health and safety of the student, or of other students.

The term “invasive physical examination” means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.

Keep this signed, written notice on file in my child's cumulative folder.

Child's Name _____ Grade Level _____ Date _____

Parent/Guardian's Name(s) _____

Parent/Guardian(s) Address _____

Parent/Guardian's Signature(s) _____

Daytime/Evening Phone Number(s) _____

School Name _____ School District _____

Received by (Print Name) _____

Received by (Signature) _____ Date Received _____

Instructions and Information on Using the Florida Parent Opt-Out Notice

What to Do

THE OPT-OUT NOTICE MUST BE SUBMITTED EVERY YEAR

Note: These instructions are designed to assist you as a parent in completing the foregoing notice. These instructions should not be given to the school.

- 1) Check each box that applies to your concerns.
- 2) Make two copies of the completed notice. Then, sign and date each copy in ink.
- 3) Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (Preferred method). Alternatively, it could be sent by fax or any other method whereby delivery can be confirmed. The Principal's signature serves as proof of service. You do not need, nor are you asking for, the District's agreement or authorization. You only need proof that you delivered the Opt-Out Notice to the school.
- 4) Keep one copy (with the proof of service) for your family and ask that the school keep a copy in your child's school records (The cumulative file).
- 5) Educate your children to report to you attempts to compel them to participate in instruction or activities from which you have requested them to be opted-out.
- 6) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.

Feel free to make copies and share this Florida Parent Opt-Out Notice with other parents.