

Religious Objection For Genetic/Metabolic Newborn Screening

We (I) _____, the

parent(s) or guardian(s) of _____ / / _____

Child's name

Date of Birth

object to the requirement that our (my) child be tested to determine the presence of cystic fibrosis, galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, sickle cell and other hemoglobinopathies, biotinidase deficiency, phenylketonuria and other amino acid disorders, fatty acid disorders and organic acid disorders. We (I) have been fully informed and fully understand the possible devastating consequences to our (my) child's health resulting from undetected and untreated cystic fibrosis, galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, sickle cell and other hemoglobinopathies, biotinidase deficiency, phenylketonuria and other amino acid disorders, fatty acid disorders and organic acid disorders and acknowledge that we (I) have received the parent information brochure on Kansas's newborn screening program. Nevertheless, we (I) choose not to have _____

Child's Name

tested for the above listed disorders because such a test conflicts with the religious tenets and practices of our (my) religion. Our (my) religion is _____ and such tests conflict with the tenets and practices of this religion.

We (I) also fully understand that religious grounds are the only basis upon which an objection to the screening process can be made pursuant to K.S.A. 65-182.

Therefore, we (I) release the Kansas Department of Health and Environment, the hospital of birth, the person responsible for the collection of the specimen of responsibility for the above listed disorders screened for through newborn screening. Further, we (I) release and hold the Kansas Department of Health and Environment, the hospital of birth, the person responsible for the collection of the specimen, and the Health Department harmless for any injury, illness, and/or sequelae which may result to our (my) child as the result of our (my) refusal to consent to the above tests.

Signature of Parent (s) or Guardian (s)

Date

Signature of Parent (s) or Guardian (s)

Date

Signature Witness

Date