STATEMENT OF EXEMPTION FROM IMMUNIZATIONS

Under the Louisiana Revised Statutes 17:170 Sec E, I _____, parent/guardian of **_____,** hereby claim exemption from the immunization requirements for my child due to medical, religious, or philosophical reasons.

I understand that in the event of an outbreak of a vaccine-preventable disease at the location of the educational institution or facility the student attends, the administrators of the educational institution or facility, upon the recommendation of the office of public health, may exclude the student from attendance until the incubation period has expired or I present evidence of immunization.

_____

Name of School

_____

Signature of Parent/Guardian **Date**

_____

Signature of Authorized District or School Representative **Date**