



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