



## 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.

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**Name of School**

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**Signature of Parent/Guardian**

**Date**

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**Signature of Authorized District or School Representative**

**Date**