

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Telephone \_\_\_\_\_

Please Circle Present Grade:    K    1    2    3    4    5    6    7    8    9    10    11    12    Sp. Ed.

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

### MEDICAL EXEMPTION

The physical condition of the above named child is such that immunizations would endanger life or health.

Signed \_\_\_\_\_

(Physician)

Date \_\_\_\_\_

### RELIGIOUS EXEMPTION

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

(Parent or Guardian)

Date \_\_\_\_\_