

I, _____, hereby request
Parent Name

exemption of my child _____, from the
Student Name
immunization requirement for school entry because these immunizations
[please check one]

_____ are not appropriate for medical reasons [see enclosed doctor's
report with his signature].

_____ are contrary to my religious beliefs.

I, _____, understand
Parent Name

that in case of "epidemic of disease declared by the Department of Public
Health", my child, _____, may be excluded
Student Name
from school for his/her protection.

Parent Signature

Date