

Name _____		Birthdate _____	
Address _____		Parent or Guardian _____	
Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Sp. Ed.		Telephone _____	
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 _____ <small>(Physician)</small>		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 _____ <small>(Parent or Guardian)</small>		Date _____	