



**MONROE**  
CITY SCHOOLS

**LDOE** | Louisiana Department of  
**EDUCATION**

**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/School Representative \_\_\_\_\_