

# Immunization Dissent Acknowledgement Form



Under the Louisiana Revised Statutes 17:170 Sec E, I \_\_\_\_\_,  
parent/guardian of \_\_\_\_\_, hereby claim exemption from the  
immunization requirements for my child named above 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 an  
educational institution or facility the student attends, the administrators of that institution or facility  
are empowered, upon the recommendation of the office of public health, to exclude from attendance  
unimmunized students and clients until the appropriate disease incubation period has expired or the  
unimmunized person presents evidence of immunization.

**Date of Original Dissent:** \_\_\_\_\_ **Type of Original Dissent:** \_\_\_\_\_

Date/Time	Type of Dissent	Parent/Guardian Signature	Staff Signature

**\*\*\* For Medical Dissent, documentation from a Medical Provider must be attached.**

***To be updated yearly by School Nurse by August 31<sup>st</sup>***