St. Martin Parish School Nurse Program

Under the **Louisiana Revised Statutes 17:170 Sec E,** I _____,
parent/guardian of _____, DOB:_____
hereby claim exemption from the immunization requirements for my child due to medical, religious, or philosophical reasons. Louisiana Revised Statute 17:170 Sec E allows for you to refuse immunizations for medical contraindication, religious objection, or parental objection, however, you must sign a form of written dissent. "No person seeking to enter any school or facility enumerated in Subsection A of this Section shall be required to comply with the provisions of this Section if the student or his parent or guardian submits either a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from the student or his parent or guardian is presented."

PLEASE CHECK APPROPRIATE BOX(ES):

- ❑ Diphtheria, Tetanus and Pertussis Inoculation
- ❑ Polio
- ❑ MMR
- ❑ Hepatitis B
- ❑ HIB
- ❑ Chickenpox (Varicella)
- ❑ Meningitis
- ❑ Hepatitis A
- ❑ ALL OF THE ABOVE

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.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Address City Phone

_____ _____
Signature of Authorized District or School Representative Date