



**STATEMENT OF EXEMPTION  
FROM IMMUNIZATIONS  
Under the Louisiana RS 17:170 Sec E**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

In accordance with the provisions of Louisiana RS 17:170 Sec E,

I \_\_\_\_\_, legal parent/guardian of \_\_\_\_\_,

hereby claim exemption from the following immunization requirements for my child:

All

COVID-19

Only the following immunizations: \_\_\_\_\_

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized District or School Representative

\_\_\_\_\_  
Date