



LOUISIANA DEPARTMENT OF EDUCATION
SUPERINTENDENT OF EDUCATION DR. CADE BRUMLEY

STATEMENT OF DISSENT FROM IMMUNIZATIONS

UNDER THE LOUISIANA REVISED STATUTES 17:170 SEC. (E), I _____,
PARENT/GUARDIAN OF _____, AM PRESENTING THIS STATEMENT OF WRITTEN
DISSENT FROM PROVIDING EVIDENCE THAT SAID STUDENT HAS IMMUNITY TO OR IMMUNIZATION
AGAINST VACCINE-PREVENTABLE DISEASES.

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 OR SCHOOL REPRESENTATIVE

DATE