



*Nurturing A Foundation
For Tomorrow*

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EXEMPTION FROM REQUIRED IMMUNIZATION

Name of Child: _____ D.O.B.: _____

I request that the above named child be excused from the required immunizations for the following reasons:

Signed: _____
(Parent or Guardian)

Date: _____

Verification (must be by a physician or clergyman):
I hereby verify the reason(s) given for the above request.

Signed: _____
(Physician or Clergyman)