

## Medical Exemption Letter

Date: \_\_\_\_\_

School Year: \_\_\_\_\_

To Whom It May Concern:

I am the parent/guardian of \_\_\_\_\_. I object to the following procedures for my child on religious grounds or on the basis of strong moral or ethical conviction similar to a religious belief.

\_\_\_\_\_ Immunizations  
\_\_\_\_\_ Medical Examinations  
\_\_\_\_\_ Dental Examinations

Sincerely,