



Loudoun County Public Schools

Department of Pupil Services

21000 Education Court

Ashburn, VA 20148

Telephone: 571-252-1017

FAX: 571-252-1245

RELIGIOUS EXEMPTION FOR IMMUNIZATION

Name _____

Birth Date _____

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand that in the occurrence or an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of parent/guardian/student

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day of _____

Notary Public Seal