

OUR LADY OF FATIMA SCHOOL



Warrior Pride

2315 Johnston Street Lafayette, LA 70503 337-235-2464 fax 337-235-1320



STATEMENT OF DISSENT FROM IMMUNIZATIONS FOR THE 2025-2026 SCHOOL YEAR

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 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.

Our Lady of Fatima School

Name of School

Printed Name of Student

Student's Date of Birth

Signature of Parent/Guardian (No Electronic Signature)

Date

Signature of Authorized School Representative

Date