

**COCALICO SCHOOL DISTRICT
Homeschool Medical Exemption Form**

I am the parent or 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 exams

_____ Dental exams

Parent Signature

Date

If you choose any of the above, please return this form to the Cocalico School District, District Office.

