

Medical Exemption Form

DATE: _____

To the Superintendent of the Spring Grove Area School District:

I am the parent of _____.

I am electing to “OPT OUT” to the following procedure(s) for my home-educated child(ren) based upon religious grounds, medical reasons, or philosophical convictions:

_____ Immunizations
_____ Medical examinations
_____ Dental examinations

Sincerely,

Signature of Parent