



**Hickman County Schools**  
115 Murphree Avenue  
Centerville, Tennessee 37033

### **Religious Exemption from Vaccinations**

**Child's Name** \_\_\_\_\_

**Parent/Legal Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Pursuant to Tennessee Code Annotated 49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccination(s) conflict with my religious tenets and practices.**

**I declare under penalty of perjury that the foregoing is true and correct.**

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

HICKMAN COUNTY SCHOOLS

NOTIFICATION OF MEDICATION REMAINING AT SCHOOL

Date \_\_\_\_\_

Student \_\_\_\_\_

School \_\_\_\_\_

**MEDICATION REMAINING**

A. Name of medication and dosage \_\_\_\_\_

B. Number of doses remaining \_\_\_\_\_

Your child has the above indicated medication remaining at school. If this medication is not picked up by the final day of school, disposal will occur.

\_\_\_\_\_  
Signature of School Employee

**TO BE FILLED OUT AT TIME OF MEDICATION PICK-UP**

**DATE** medication was picked up by parent or guardian \_\_\_\_\_

**Signature of Parent or Guardian** at pick-up \_\_\_\_\_

**Signature of School Employee** at pick-up \_\_\_\_\_

\*\*\*\*\*

**DOCUMENTATION OF DISPOSAL**

A. Date of disposal \_\_\_\_\_

B. Name of medication and dosage \_\_\_\_\_

C. Number of doses disposed of \_\_\_\_\_

\_\_\_\_\_  
Signature of School Employee

\_\_\_\_\_  
Signature of School Employee