

CORPORAL PUNISHMENT EXCLUSION FORM

STUDENT NAME: _____ DOB: _____

SSN: _____ GRADE: _____

THE PURPOSE OF THIS FORM IS TO REQUEST SCHOOL ADMINISTRATION TO EXCLUDE THE ABOVE NAMED CHILD FROM BEING SUBJECT TO CORPORAL PUNISHMENT AS A DISCIPLINARY ACTION. THIS EXEMPTION IS LIMITED IN SCOPE TO THOSE CHILDREN WHO HAVE A DEMONSTRATED MEDICAL CONDITION THAT WOULD RESULT IN CORPORAL PUNISHMENT (SPANKING) PUTTING THEM AT RISK OF UNDUE HARM IF USED TO ANY DEGREE.

MEDICAL CONDITION: _____

HOW WOULD THE USE OF CP RESULT IN HARM: _____

MEDICAL PROFESSIONAL: _____

ADDRESS: _____

PHONE NUMBER: _____

LICENSE NUMBER: _____

LICENSE EXPIRATION: _____

SIGNATURE: _____

DATE OF EXAMINATION AND ATTESTATION: _____

PARENT NAME: _____

PARENT RELATION TO CHILD: _____

SIGNATURE: _____

DATE OF PARENT SUBMISSION: _____

STATE OF INDIANA. COUNTY OF _____

Before me, a Notary Public in and for said County and State, personally appeared the above named individuals who acknowledged the execution of the foregoing instrument. Witness my hand and Notarial Seal this ____ day of _____, 20____.

_____ [Signature] _____ [Printed Name]

My Commission Expires: _____ (seal)