

Parent/Guardian Objection to Immunization Requirement

Religious Objection

Indiana Code 20-34-3-2 Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter of IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment under this chapter or IC 2-34-4 unless the objection is:

- 1) made in writing;
- 2) signed by the child's parent; and
- 3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

This statement must be submitted prior to the first day of school, each and every year.

Student _____ Gender _____

School Year _____ Grade _____

Parent/Guardian Name (print) _____

In accordance with Indiana Code 20-34-3-2, based on religious grounds, I object to immunizing my child (as stated above) for the following immunizations:

_____ Diphtheria	_____ Measles	_____ Hepatitis A	_____ Varicella
_____ Pertussis	_____ Mumps	_____ Hepatitis B	_____ Polio
_____ Tetanus	_____ Rubella	_____ Meningitis	

Parent/Guardian Signature: _____ Date: _____

Acknowledgement of Consequences of Incomplete Vaccination

- I understand that my child may be excluded from school in the event of an outbreak of a vaccine-preventable disease to protect his/her health and the health of all our students and staff.
 - This would include cases of measles, chickenpox, pertussis, mumps, or any other vaccine-preventable disease (at the discretion of the local health department officer.)
- I understand that one infected child is considered an outbreak.
- I understand that school exclusion included after-school activities, such as sporting events, dances, and graduation. The school will notify me when my child can return to school.
- I understand that my child may be required to stay home for multiple weeks during an outbreak of a vaccine-preventable disease for which he/she is not vaccinated.

Parent/Guardian Signature: _____ Date: _____