



VACCINATION EXEMPTION PURSUANT TO INDIANA CODE 20-34-3-2 (a)

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. I am providing a copy of this statement to my child's School Nurse in accordance with IC 20-34-3-2.

Sec. 2. (a) Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter or 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 required under this chapter or IC 20-34-4 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.

Please fill out the form and check the appropriate boxes below:

I, _____ as the parent/guardian of the child
_____, hereby certify that the administration of any vaccine or other
immunizing agents is contrary to our personal religious beliefs for the school year ____ - ____.

All minimum state requirements

Diphtheria

Meningitis

Tetanus

Measles

Pertussis

Mumps

Polio

Rubella

Hepatitis B

Varicella

Hepatitis A

In the event of an outbreak of a vaccine-preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all students and staff. This includes measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease at the discretion of Indiana Dept. of Health.

Acknowledgment Regarding Incomplete Vaccination

- I understand that my child may be excluded from school in the event of an outbreak of a vaccine-preventable disease.

- I understand that school exclusion includes after-school activities, such as sporting events, dances, and graduation.

- 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 fully vaccinated.

Parent Signature _____

Date _____