

VACCINATION EXEMPTION PURSUANT TO INDIANA CODE 20-34-3-2
RELIGIOUS OBJECTIONS

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 the individual who might order a test, exam, immunization, or treatment absent the objection.

VACCINE EXEMPTION FORM

I, _____, as the parent/legal guardian or person in loco parentis
(printed parent/guardian name)
of the child, _____, hereby certify that the administration of any vaccine
(printed child's name)
or other immunizing agents is contrary to our personal religious beliefs.

MUST CHECK ALL IMMUNIZATIONS YOU ARE OBJECTING TO BELOW:

- DTP (DTaP, Tdap, Diphtheria/Tetanus/Pertussis)
- POLIO (IPV/OPV)
- HEPATITIS B
- MMR (Measles, Mumps, Rubella)
- VARICELLA
- HEPATITIS A
- MENINGOCOCCAL (MCV4)
- OTHER _____ (LIST ALL)

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Indiana statute I am providing a copy of this statement to our child's school administrator or operator of the group program.

Parent Signature X _____ Date _____

IMPORTANT NOTE: THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN ON BOTH SIDES

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your child to attend school.

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 our students and staff. It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks.

If your child is excluded from school, your child will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

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.

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 vaccinated.

Parent/Guardian's printed name _____

Parent/Guardian's Signature X _____ Date _____

Child's printed name _____

IMPORTANT NOTE: THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN ON BOTH SIDES