



Health Services Department

STATEMENT OF RELIGIOUS OBJECTION TO VACCINATION

Dear Parent/Guardian,

Your child has a religious exemption to vaccination, or has not completed their vaccination series as mandated by the State of Indiana, and so 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 of 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, chicken pox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

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.

Parent/Guardian Signature _____ **Date** _____

Acknowledgement of Consequences of Incomplete Vaccination

I understand that my child may be excluded from school in the event of any 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 Name: _____

Signature: _____ **Date:** _____

Child’s Name: _____ **School:** _____