

PARENT/GUARDIAN RELIGIOUS OBJECTION TO IMMUNIZATION REQUIREMENT-INDIANA LAW

Student's Name: _____ Grade: _____ School year: _____

Parent/Guardian Name: _____

Address: _____

I agree that I have been informed by the school nurse/health aide of the immunization requirements stated in Indiana Code.

I have also been notified of locations in Monroe County to receive vaccinations, such as the Monroe County Health Department located at 333 E. Miller Drive in Bloomington if I choose to vaccinate my child.

I am also aware that Indiana Administrative Code states that during an outbreak of a vaccine preventable disease, my student may be excluded from class, extracurricular activities or school sponsored activities as enforced by the Health Department.

On the basis of Religious objection, I decline the following immunizations for my child as is within my rights as stated in Indiana code IC 20-34-3-2.

(please check all that apply) Any Hepatitis A Hepatitis B MMR
 Polio Varicella Meningitis Tetanus (either DTaP or Tdap)
 Other (please specify) _____

Parent/Guardian Signature: _____ Date: _____

If you have any questions, please contact the health aide at your school or the corporation nurse at 812-876-2277 ex 2206

****This form is to be completed each school year****