

**MEDICAL: PARENT/GUARDIAN RELIGIOUS OBJECTION
TO IMMUNIZATION PURSUANT TO INDIANA LAW (I.C. 20-34-3-2)**

Student's Name: _____ School: _____

Grade: _____

Date: _____ D.O.B. _____ Sex _____

Parent's Name: _____

Home Phone _____

Address _____ Zip _____

I have been informed by the school nurse, and the school principal of the immunization requirements stated in Indiana Code 20-34-4 et seq.

I have also been informed of the availability of the required immunizations, provided through _____, a service offered free of charge.

I am also aware for the safety of my child that he/she will be dismissed from class in the event of an epidemic involving a vaccine – preventable disease.

I object to having my child immunized as stated in Indiana Code 20-34-3-2 and further state that my child will not have the immunizations described by Indiana Code 20-34-4 et seq. for the following reasons:

SIGNATURE OF PARENT/GUARDIAN

DATE