

**VACCINATION EXEMPTION PURSUANT TO  
INDIANA CODE §20-17.2-6-11 (b) (children)**

- (a) Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization, or treatment required under this chapter 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 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.

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**VACCINE EXEMPTION FORM**

I, \_\_\_\_\_, as the parent, guardian or person in loco parentis  
of the child \_\_\_\_\_, hereby certify that the administration of any vaccine  
or other immunizing agents is contrary to our personal religious beliefs.

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Measles                      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tetanus       | <input type="checkbox"/> Mumps                        |                                |
| <input type="checkbox"/> Pertussis     | <input type="checkbox"/> Rubella                      |                                |
| <input type="checkbox"/> Polio         | <input type="checkbox"/> Haemophilus influenza type b |                                |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella                    |                                |
| <input type="checkbox"/> Smallpox      | <input type="checkbox"/> Anthrax                      |                                |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Hepatitis A                  |                                |

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 pursuant to IC §20-8.1-7-2 Sec. 2.

Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

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).