



According to Indiana Law: A religious objection must state that the objection to immunization is based on religious grounds. Each objected immunization must be specified. The objection must be in writing, signed by the child's parent, and delivered to the school. There is no requirement of proof. To ensure the continued religious objection status for a student, schools must require written documentation of the religious objection each school year.

Religious Beliefs Exemption Form

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

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|--------------------------|---|------------------------------|
| <input type="checkbox"/> | <p>Diphtheria (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Tetanus (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Polio: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Measles, Mumps, Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Haemophilus Influenza type b (Hib): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Hepatitis A: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.</p> | Initials _____ Date _____ |
| <input type="checkbox"/> | <p>Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.</p> | Initials _____ Date _____ |

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials _____

I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____



Acknowledgement of Exclusion Policy for Incomplete Vaccination

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk of contracting 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 immunized, 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 considered an outbreak. The length of time your child will be kept out of school depend on the disease. Your child's exclusion may be as long as 3-4 weeks.

If your child is excluded from school, he or she will also be excluded from school-sponsored activities (i.e. sporting events, dances, graduation, etc.) 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 Exclusion Policy for 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 any school sponsored activities (i.e. sporting events, dances, graduation, etc.).

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 or she is not vaccinated.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Child's Name: _____ Grade: _____