



Immunization Waiver

Indiana Code 20-34-3-2 through 20-34-3-3 states that a child may be exempt from receiving required immunizations if the child’s parents object on religious grounds or if there are medical reasons not to immunize. This exemption must be renewed every school year.

Student name _____ DOB _____

School _____ Grade _____

I have chosen for my child NOT to receive immunizations for the following:

(Check the box to the left of any disease for which your child will not be vaccinated.)

<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Varicella (Chicken pox)
<input type="checkbox"/>	Pertussis (Whooping Cough)	<input type="checkbox"/>	Measles (rubeola)	<input type="checkbox"/>	Meningitis
<input type="checkbox"/>	Tetanus (Lock Jaw)	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Hepatitis A
<input type="checkbox"/>		<input type="checkbox"/>	Rubella (German measles)	<input type="checkbox"/>	Hepatitis B

My decision is based upon (Check exemption that applies):

<input type="checkbox"/> Religious objections	<input type="checkbox"/> Medical contraindications (Note: In order to check this box, a signed physician’s note must be attached. The physician’s note must certify that each particular immunization is or may be detrimental to the student’s health.)
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- By not vaccinating my child, he or she may be at increased risk of contracting one of the vaccine preventable diseases.
- I must update this form every year.
- There may be times when my child will be excluded from school due to certain outbreaks of communicable diseases that are vaccine preventable.
- If there are any changes in my child’s health, I will make the necessary changes in my child’s health record at school.
- By signing below, I acknowledge that I understand the above statements and that I will work with the school to keep my child safe.

Signature of Parent/Guardian _____ Date _____

Printed name _____