



Wa-Nee Community Schools
Religious Exemption Form

Indiana Law (**Public Law 103: IC 20-8.1-7**) requires all pupils in kindergarten through grade twelve in a public or private school to provide an acceptable record/certification of required immunizations or written evidence of religious or medical exemptions to immunizations.

Any parent who desires to have their child exempted from the required immunizations must file a new exemption form each school year.

Immunization Objection School Year: _____

I, as parent/guardian of _____, a student in the Wa-Nee Community School Corporation, object to immunizations on the basis of religious grounds.

I object, based on religious grounds, to the following immunizations (check each vaccine objection):

DtaP/DPT/DT/Td MMR Hepatitis B Polio Tdap Varicella Meningococcal
 Hepatitis A

Parent/Guardian Signature _____ **Date** _____

If your child has a medical/religious exemption, he/she is not fully immunized. Although your child remains at risk for getting 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 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).

Acknowledgement of Consequences of 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 after-school activities, such as sporting events, dances, and graduation. 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/she is not vaccinated.

Parent's Name: _____ **Date:** _____

Parent's Signature: _____

Child's Name: _____