

## NORTH DECATUR JR. – SR HIGH SCHOOL

3172 N. State Rd. 3 • Greensburg, IN 47240  
812.663.4204 | 812.663.9606 Fax

### RELIGIOUS OBJECTION TO IMMUNIZATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Indiana state law requires that a written document be filed each school year when a parent objects to immunization of their child for religious reasons. A religious exemption from immunizations is valid when the objection is made in writing and signed by the parent/guardian. It does NOT require proof of religious membership or a statement from a religious official.

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).

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I understand that an objection form is required to be filed with the school each school year. I have read and understand the above notice of exclusion for students not fully vaccinated.

I object to immunization of my child for religious reasons.

All immunizations

**OR**

Specific immunizations (please list circle all that apply)

Hepatitis B

DTaP (diphtheria, tetanus, & pertussis)

Polio

Hepatitis A

MMR (measles, mumps, & rubella)

Varicella (chicken pox)

MCV4 (meningococcal)

Tdap (tetanus & pertussis)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date