

PARENT/GUARDIAN OBJECTION TO IMMUNIZATION REQUIREMENT

Indiana Law (I, C. 20-8.1-7-2)

South Vermillion Community School

Clinton, Indiana 47842

Phone (765) 832-\_\_\_\_\_ Fax (765) 832-\_\_\_\_\_

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

I have been informed by the school nurse of the immunization requirements stated in Indiana Code 20-8.1-71.

I have also been informed of the availability of the required immunizations, provided through the Vermillion County Health Department, a service offered free of charge.

I am also aware for the safety of my child that he/she will be dismissed from class in the event of an epidemic involving a vaccine-preventable disease.

I have been advised this form must be completed each school year for immunization objections.

I object to having my child immunized as stated in Indiana code 20-8.2-72 (A) and further state that my child will not have the immunizations described by Indiana code 20-8.2-7-2 for the following reasons:

\_\_\_\_\_ MEDICAL OBJECTION

\_\_\_\_\_ RELIGIOUS OBJECTION

\_\_\_\_\_  
Date

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

As a physician, I feel that it would be detrimental to the health of the above student to receive the immunization/s required by Indiana State code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature (required for medical objection)

\_\_\_\_\_  
Physician's Name (please print)