

SCHOOL TOWN OF HIGHLAND
DEPARTMENT OF HEALTH SERVICES

RELIGIOUS EXEMPTION FORM

Date _____

School Year _____

I, _____ (the parent/guardian) of _____
object to Indiana Code 20-8.1-7-2 and I do not want my child to receive immunizations for the
following reason(s): _____

Religious exemptions do not relieve parents from the responsibility of providing a record of immunizations, nor do they relieve schools from the responsibility of maintaining immunization records, even if negative, for exempt students. In the event of an outbreak, each student's status must be immediately available. For their own protection, as well as the protection of other students and staff members exempted students will be excluded from school for the duration of the outbreak.

I assume full responsibility for the health of my child.

Parent Signature: _____