

Medical/Religious Exemption

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and 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.

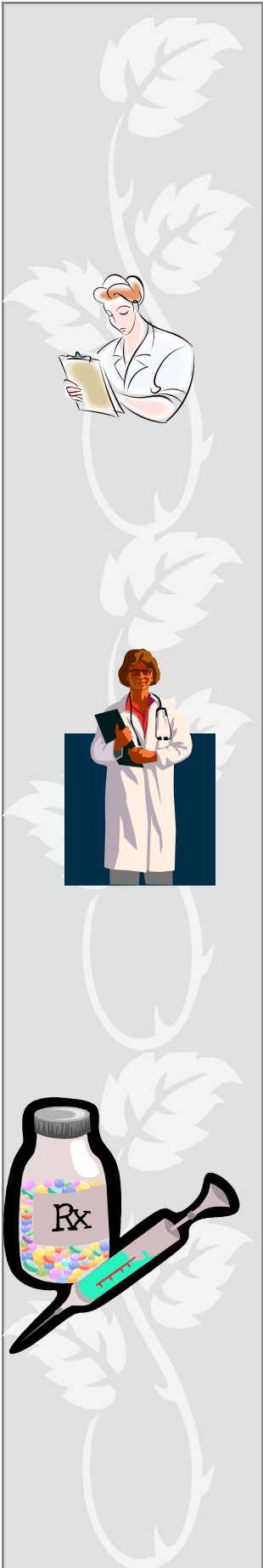
I understand that school exclusion includes after-school activities, such as sporting events, dances, and graduation.

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 _____

Signature _____ Date _____

Child's Name _____



West Central School Corporation
Francesville IN

EXEMPTION FOR IMMUNIZATIONS

The Indiana State Department of Health will allow objections to immunizations to be raised on the following grounds:

Medical- A physicians' certification that a particular immunization is or may be detrimental to the child's health is required. This must be in writing from the physician (M.D., D.O., or Nurse Practitioner), signed by the parents and renewed on a yearly basis.

Religious- A written statement that the objection to immunizations is based on religious grounds is required. This must be signed by the parents and renewed on a yearly basis.

In the state of Indiana there is no exemption allowed for philosophical objections.

OBJECTION TO IMMUNIZATION

I object to my child (_____) being immunized or tested against the following diseases:

DTP (Diphtheria-Tetanus-Pertussis) _____ Tdap _____ (grades 6-12)

Polio/IPV _____

Measles, Mumps, Rubella/MMR _____

Varicella (Chicken Pox) _____ or date if had Chicken Pox _____

Hepatitis A _____

Hepatitis B _____

Meningitis _____ (grades 6-12)

Signature _____ Date _____
Parent/Guardian

My objection is based on the following reason:

Medical _____ (written statement from physician is required)

Religious _____