

**PARENT/GUARDIAN OBJECTION TO  
IMMUNIZATION REQUIRED BY INDIANA LAW (I.C. 20-8. 1-7-9.5)**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

I have been informed by the clinic staff and/or the school principal of the immunization requirements stated by Indiana Code 20-8. 1-7-9.5.

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 object to having my child immunized as stated in Indiana Code 20-8. 1-7-2.5 and I.C. 20-8.1-7-2 and further state that my child will not have the immunizations described by said Code for the following reasons:

\_\_\_\_ I object to immunizations due to religious reasons

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

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\_\_\_\_ I object to immunizations due to medical reasons. **I understand that if a medical exemption/objection is requested that I must have the signature of my child's physician.**

The above named student is exempt from immunizations due to: \_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Indiana state law requires that this form for objection to immunization be on file at the school. We ask for your signature on this form during the first year your student is in each building (elementary, middle school, high school). Verification by phone each year thereafter will be required for religious objections. Medical objections must be signed by a doctor at the beginning of each year.

**Immunizations for which the waiver/objection covers:**

DTP/DTaP/DT/Td/Tdap \_\_\_\_\_  
IPV/OPV \_\_\_\_\_  
MMR \_\_\_\_\_  
Hepatitis A \_\_\_\_\_  
Hepatitis B \_\_\_\_\_  
Varicella \_\_\_\_\_  
Meningococcal Vaccine \_\_\_\_\_

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**School Use Only**

Verification of exemption:

2020-21 \_\_\_\_\_ 2021-22 \_\_\_\_\_ 2022-23 \_\_\_\_\_ 2023-24 \_\_\_\_\_ 2024-25 \_\_\_\_\_ 2025-26 \_\_\_\_\_

