

SOUTHWEST SCHOOL CORPORATION

Health Services

PARENT/GUARDIAN OBJECTION TO IMMUNIZATION REQUIREMENT - INDIANA LAW

Student's Name: _____

School: _____

Grade: _____ Date of Birth: _____ Gender: _____

Parent/Guardian: _____

Address: _____ Phone: _____

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

I have also been informed of the availability of the required immunizations, provided free of charge by the Sullivan County Board of Health.

I object to having my child immunized as stated in Indiana Code for the following reason:

_____ *MEDICAL OBJECTION **OR** _____ RELIGIOUS OBJECTION

Date Parent/Guardian Signature

FOR MEDICAL OBJECTION:

*The immunization/s required by Indiana State Code are contraindicated for this child because it is harmful to the child's health.

*Contraindicated
Immunization(s): _____

Date Physician Signature (*required for medical objection*).

Physician's Name & Address (please print)

Your child may receive immunizations free at the Sullivan County Department of Health (812-268-0224). Call for office hours and appointment. Children must be accompanied by a parent/guardian. **Take a copy of your child's immunization records.**

Students that are not fully immunized against vaccine-preventable diseases may be excluded from school if a disease outbreak should occur.