



MT. VERNON

COMMUNITY SCHOOL CORPORATION

VACCINATION EXEMPTION PURSUANT TO INDIANA CODE § 20-17.2-6-11 (b) (children)

(a) Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization, or treatment required under this chapter when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter unless the objection is:

- (1) made in writing;
- (2) signed by the child's parent; and
- (3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

VACCINE RELIGIOUS EXEMPTION FORM

I, _____, as the parent, guardian or person in
(insert your name)

loco parentis of the child _____, hereby certify that the
(insert your child's name)

administration of any vaccine or other immunizing agents is contrary to our personal religious beliefs for the school year _____.

Diphtheria	Measles	Hepatitis A
Tetanus	Mumps	Pertussis
Rubella	Polio	MCV4
Hepatitis B	Varicella	Other: _____

All minimum state requirements for the school year ____ (mark with X)

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Indiana statute I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to IC § 20-8.1-7-2 Sec. 2.

Parent/Guardian Signature _____ Date _____