

EAST PORTER COUNTY SCHOOLS

Kouts Morgan Washington

Objection to Immunization

I/We, _____, the parents/guardians of
(name of student) _____ object to the
administering of the following immunization(s):

PLEASE MARK ALL THAT APPLY

- DPT (DTaP, Tdap)
- MMR (MEASLES, MUMPS, RUBELLA)
- POLIO
- HEPATITIS B
- VARICELLA (CHICKEN POX)
- MENINGOCOCCAL VACCINE (MCV4)
- HEPATITIS A
- _____

The reason for my/our objection is:

- Religious Beliefs
- Medical (must be accompanied by a physician's statement)

- 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.
- This form **must** be renewed every school year.

Signed: _____

Date: _____