Batesville Community Schools

HEALTH SERVICES

OBJECTION to IMMUNIZATIONS

Immunizations are required for children against certain diseases when they enroll in school. At the time of enrollment the parent or guardian must show proof that immunizations have been received as required or that a religious *or* medical objection to immunizations is on file with the school.

Indiana law, Code 20-8.1-7, provides for only two exemptions from immunizations:

Religious Objection: A religious objection must be made in writing, signed by the parent or guardian, and *must state that the objection is based on "religious grounds".* Each objected immunization must be specified. In order for a child to be exempted from complying with minimum immunization requirements for religious objection, the parent or guardian is required to *resubmit a written request to the school each year.*

Medical Exemption: A medical exemption is a physician's certification that a particular immunization is detrimental to the child's health. An exemption for a child's health must be a *written note signed by your physician or health care provider and submitted each school year.*

PLEASE NOTE: Indiana law allows only religious and medical exemptions.

Parental or medical exemptions do not relieve parents from the responsibility of reporting a record or immunizations that have already been given.

IMMUNIZATION OBJECTION School Year 2023-24

I, as parent/guardian of, _____, a student in the Batesville Community School Corporation, and object to immunizations for the following reason: (signature required)

I object based on <u>Religious grounds</u> for the following immunizations (check each vaccine objection):

D DTaP/DTP/Td D MMR D Hepatitis B D Polio D Tdap D Varicella D Meningococcal (MCV4) and Hepatitis A

<u>Medical Exemption</u> (Physician: check each exemption and document reason)

D DTaP/DPT/Td D MMR D Hepatitis B D Polio D Tdap D Varicella D Meningococcal (MCV4) and HepatitisA

Reason for exemption.

Physician's Signature (required for medical exemption only) _____Date_____

I understand that this objection does not eliminate my duty to report any immunizations that have already been administered to my child. I also understand that in the event of an outbreak or any disease for which my child has not been adequately immunized, he/she will be excluded from school for the duration of the incubation period.

Parent/Guardian Signature. _____Date_____

RETURN SIGNED FORM TO THE SCHOOL NURSE