

PARENT/GUARDIAN OBJECTION TO
IMMUNIZATION REQUIRED BY INDIANA LAW (IC 20-8.1-7-10)

Name of Student

Birthdate

School

Grade

Address

Zip Code

I have been informed by West Noble School Corporation of the immunization requirements stated in Indiana Code 20-8.1-7-10.

I have also been informed of the availability of the required immunizations provided through the Noble County Health Department.

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(A) and further stated that my child will not have the immunizations described by Indiana Code 20-8.1-7-10 for the following

reasons: _____

I object to the following vaccinations that I have checked:

DTaP

Polio

Mumps, Measles, Rubella

Hepatitis B

Hepatitis A

Varicella (chickenpox)

Meningitis

_____ Date _____

Parent/Guardian signature

_____ Date _____

Physician Signature (for medical exemption only)