**Religious Objection to Vaccination**

**2022-2023 School Year**

IC 20-34-3-2 Religious objections

Sec. 2. (a) Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 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 or IC 20-34-4 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.

Required immunizations for this school year include:

* Hepatitis B
* DTaP *Diphtheria, Tetanus, Pertussis*
* Polio
* Varicella *Chickenpox*
* MMR *Measles, Mumps, Rubella*
* Hepatitis A
* MCV4 *Meningococcal* for 6th-12th Grade
* Tdap *Tetanus, Diphtheria, Pertussis* For 6th-12th Grade

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , as the parent, guardian, or person in loco

(Printed Name of Parent/Guardian)

parentis of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the

(Printed Name of Child)

administration of any vaccine or other immunizing agents for the 2020-2021 school year is contrary to our personal religious beliefs pursuant to my right to refuse vaccination under Indiana Code 20-34-3-2.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Consequences of Incomplete Vaccination**

**2022-2023 School Year**

Dear Parent/Guardian:

Your child has a medical exemption/religious objection to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine-preventable disease, IC 20-34-3 permits your child to attend school.

In the event of an outbreak of a vaccine-preventable disease, your child may be excluded from school to protect his/her health and the health of all of our students and staff. It is important to understand that with some diseases, such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child’s exclusion may be as long as 3 to 4 weeks.

If your child is excluded from school, your child will also be excluded from school-sponsored activities such as sporting events, dances, and graduation that occur during an exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine-preventable disease at the discretion of the local health officer.

* 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 school-sponsored 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.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exclusion Notice**

**2022-2023 School Year**

Dear Parent/Guardian:

In order for our school to maintain our accreditation, we must comply with Indiana Codes (IC) and Laws. IC 20-34-4 states a child must be fully immunized as indicated by the Indiana State Department of Health in order to attend school. Required immunizations for this school year are as follows:

* 3 Hepatitis B
* 5 DTaP *Diphtheria, Tetanus, Pertussis* (PK: 4 doses)
* 4 Polio (PK: 3 doses)
* 2 Varicella *Chickenpox* (PK: 1 dose)
* 2 MMR *Measles, Mumps, Rubella* (PK: 1 dose)
* 2 Hepatitis A
* 1 MCV4 *Meningococcal* for 6th-11th Grade (12th Grade: 2 doses)
* 1 Tdap *Tetanus, Diphtheria, Pertussis* for 6th-12th Grade

**IC 20-34-4-5 Statement of immunization history; waiver; rules**

(a) Each school shall require the parent of a student who has enrolled in the school to furnish, not later than the first day of school attendance, proof of the student's immunization status, either as a written document from the health care provider who administered the immunization or documentation provided from the state immunization data registry.

(b) The statement must show, except for a student to whom IC 20-34-3-2 or IC 20-34-3-3 applies, that the student has been immunized as required under section 2 of this chapter. The statement must include the student's date of birth and the date of each immunization.

(c) A student may not be permitted to attend school beyond the first day of school without furnishing the documentation described in subsections (a) and (b) unless:

(1) the school gives the parent of the student a waiver; or

(2) the local health department or a health care provider determines that the student's immunization schedule has been delayed due to extreme circumstances and that the required immunizations will not be completed before the first day of school.

The waiver referred to in subdivision (1) may not be granted for a period that exceeds twenty (20) school days. If subdivision (2) applies, the parent of the student shall furnish the written statement and a schedule, approved by a health care provider who is authorized to administer the immunizations or the local health department, for the completion of the remainder of the immunizations.

**Students whose parents have not furnished the school with the required documentation by the first day of school will be excluded from school and school-sponsored activities until they have been immunized as required or the above mentioned documentation is received by the school office.**

Information regarding each of the immunizations listed above and the diseases that they prevent can be found at: https://www.cdc.gov/vaccines/parents/diseases/index.html. If you need to have your child’s immunization record reviewed to see if they are complete, need to file a religious objection, or have any other questions, please call the school to speak with the nurse.