

**FLAT ROCK HAWCREEK SCHOOL CORPORATION  
HAUSER JR. SR. HIGH SCHOOL  
HOPE ELEMENTARY SCHOOL**

**Religious Exemption Form for Immunization Requirements and Acknowledgement Regarding  
Incomplete Vaccination**

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Indiana Code 20-34-3-2 notes a student can be exempt from immunizations on religious grounds if the objection is noted in writing, signed by the parent/guardian, and delivered to the nurse. This objection is to be submitted each school year and should state which immunizations are objected to.

This notice is to state that I/we object to my student receiving/completing immunizations based on religious grounds. Immunizations to be excluded include:

DTaP: _____	Varicella: _____	Hepatitis A: _____
Tdap: _____	Hepatitis B: _____	Meningococcal: _____
MMR: _____	Polio: _____	

Refusing any of the listed immunizations means your student is not fully immunized. Although your child remains at risk for contracting a vaccine-preventable disease, as you have submitted the appropriate paperwork, Indiana Code 20-34-4 permits your child to attend school.

However, in the event of an outbreak of vaccine-preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all students and staff. This includes measles, chickenpox, pertussis, mumps, or any other vaccine-preventable disease at the discretion of the Bartholomew County Health Department.

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

The length of time will vary based on the disease but your child could be excluded for multiple weeks.

By signing below, 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 and outbreak of a vaccine-preventable disease for which he/she is not fully vaccinated.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_