



Religious Objection to Immunization Form Avon Community School Corporation

Student Name _____

Birthdate _____

School Name _____ Grade _____

School Year 20__ - 20__

As the parent/guardian of _____, I have investigated the risks and benefits of the following vaccines and diseases listed below. I have a religious objection to my child receiving the vaccines checked below.

- POLIO:** I have been informed of the risk of my child developing polio, a virus that can cause paralysis and meningitis. It can kill people who get it, usually by paralyzing the muscles that help them breathe.
- PERTUSSIS (whooping cough):** I have been informed of the risk of my child developing pertussis which is a bacterial disease that causes severe coughing spells which make eating, drinking and breathing very difficult for infants. It can lead to pneumonia, seizures, brain damage, and death.
- DIPHTHERIA:** I have been informed of the risk of my child developing diphtheria, a bacterial disease that causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.
- TETANUS: (Lockjaw)** I have been informed of the risk of my child contracting the bacterial infection tetanus which causes painful tightening of the muscles, usually all over the body and can lead to death.
- RUBEOLA (MEASLES):** I have been informed of the risk of my child developing the measles virus which causes rash, cough, runny nose, eye irritation, and fever. It can lead to ear infection, pneumonia, seizures, brain damage, and death.
- MUMPS:** I have been informed of the risk of my child contracting the Mumps virus which causes fever, headache, muscle pain, loss of appetite, and swollen glands. It can lead to deafness, meningitis, painful swelling of the testicles or ovaries, and rarely sterility.
- RUBELLA (GERMAN MEASLES):** I have been informed of the risk of my child contracting the Rubella virus, which causes rash, arthritis, and mild fever. Pregnant women who develop Rubella are at risk for miscarriage or the baby may have serious birth defects.
- HEPATITIS B:** I have been informed of the risk of my child developing Hepatitis B a viral infection which can cause chronic inflammation of the liver leading to cirrhosis, liver cancer, and possibly death.
- VARICELLA (CHICKENPOX):** I have been informed of the risk of my child developing chicken pox which causes a rash, itching, fever, and tiredness. It can lead to severe skin infection, scars, pneumonia, brain damage, or death.
- HEPATITIS A (HAV):** I have been informed of the risk of my child developing HAV which is a serious liver disease. It causes "flu-like" illness, jaundice, severe stomach pains and diarrhea that can require hospitalization and can be fatal.
- Meningococcal (Meningitis):** I have been informed of the risk of my child developing Meningococcal disease which is a serious bacterial illness that may lead to bacterial meningitis which may result in loss of arms or legs, problems with nervous systems, deafness, mental retardation, seizure, stroke or death.

Signature of Parent/Guardian

(____) _____
Phone Number of Parent/Guardian

Printed Name of Parent/Guardian



Parental Acknowledgement of Exclusion
Due to Incomplete Immunizations
Avon Community School Corporation

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your child to attend school.

In the event of an outbreak of a 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 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 3-4 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 within the 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).

Acknowledgement of Consequences of Incomplete Vaccination

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.

Parent's name _____

Signature _____ Date _____

Child's name _____