



HERRON
HIGH SCHOOL
HERRON-RIVERSIDE
HIGH SCHOOL
HERRON
PREPARATORY
ACADEMY

VACCINATION EXEMPTION PURSUANT TO INDIANA CODE § 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 school's administrator or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

In the event of an outbreak of a vaccine-preventable disease for which a child is not fully vaccinated, **the child may be excluded from school** (at the discretion of the local health officer) to protect his/her health and the health of all the 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 the child will be kept out of school depends on the disease. The child's exclusion may be as long as 3-4 weeks and includes exclusion from school-sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify the parent/guardian when the child may return to school.

VACCINE EXEMPTION and ACKNOWLEDGEMENT OF CONSEQUENCES

I, _____, as the parent, guardian or person in loco parentis
(insert your name)
of the child _____, hereby certify that the administration of any
(insert your child's name)
vaccine or other immunizing agents is contrary to our personal religious beliefs.

- | | | | |
|-------------------------------------|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Varicella | <input type="checkbox"/> other _____ |

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Indiana statute I am providing a copy of this statement to our child's school administrator or operator of the group program.

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/guardian signature _____

Date _____

THIS FORM MUST BE SUBMITTED EACH SCHOOL YEAR.

(A medical exemption requires the submission of a form to be completed by the child's physician. The form can be found on both the Indiana State Department of Health and the Indiana Department of Education websites.)