



Achieving our Personal Best in Pursuit of Excellence

New Palestine Community Schools
P.O. Box 508, 4711 South 500 West
New Palestine, IN 46163
Phone: (317) 861-4463
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www.newpal.k12.in.us

Dear Parents/Guardian of _____

Indiana state law requires that a written document be filed when a parent objects to immunization of his/her child for religious or medical reasons and that the document be verified each year. (Objections based on personal or philosophical reasons are no longer accepted.)

A **religious exemption** from immunization is allowed when the objection is made in writing and signed by the parent. It does not require proof of religious membership or a statement from a pastor or other religious official. You must state below which immunization exemptions you would like to have applied to your child.

A **medical exemption** from immunization requires a signed document from the physician stating that a particular immunization would be harmful to that child.

Please verify that you continue to object to immunization of your child by checking one of the following and signing below. If you have any questions regarding this matter, please feel free to call me during regular school hours or send an email to the address provided below.

Thank you for your cooperation,

Heather Barnett, BSN, RN
Corporation Nurse
hbarnett@newpal.k12.in.us
317-861-4417 ext. 2018

I object to the following immunization(s) for my child (must list each individual vaccine):

For:

_____ Religious reasons

_____ Medical reasons as advised by my physician (requires signed document from MD)

(parent signature)

Date: _____