Seton Catholic Schools
Vaccine Exemption Form

I,_____, as the parent or
insert your name

guardian of _____,
insert your child's name

hereby certify that the administration of any vaccine or other immunizing agents is contrary to our personal religious beliefs.

	Diphtheria		Varicella
	Tetanus		Hepatitis B
	Pertussis		Hepatitis A
	Polio		Meningitis (MCV4)
	Measles		Meningitis B
	Mumps		Other:
	Rubella		

This is pursuant to my right to refuse vaccination on the grounds that vaccines conflict with my religious beliefs. Pursuant to Indiana statue I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to IC § 20-34-3-2.

Parent/Guardian Signature: _____

Date: _____