

**SOUTH CENTRAL COMMUNITY SCHOOL CORPORATION**

**Immunization Exemption Request Form**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

I request exemption from complying with required immunizations for my child. \_\_\_\_\_

By Indiana Law: **ONLY** Religious Objection or Doctor Approved medical exemptions qualify.

My reason for objecting to the required immunizations is:

\_\_\_\_\_ Religious Beliefs

\_\_\_\_\_ Medical Contraindications (must be accompanied by a physician statement)

\*This policy is in accordance with the Indiana State Code

Required immunizations are mandated by the Indiana Department of Health.

I understand that by not vaccinating my child, he / she may be at risk for contracting a vaccine preventable disease from community exposure. 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, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. If your child is excluded from school, your child will also be excluded from all school related activities.

I understand that I must update this form yearly. I understand that exclusion may last for several weeks. If there are any changes in my child's health or lifestyle, I will make necessary changes in my child's school record.

**My child has met all CDC guidelines for immunizations up to this date: \_\_\_\_\_ yes \_\_\_\_\_ no**

**Requested Vaccine exemptions:** \_\_\_ Diphtheria, \_\_\_ Tetanus, \_\_\_ Pertussis, \_\_\_ Polio, \_\_\_ Measles,

\_\_\_ Mumps, \_\_\_ Rubella, \_\_\_ Varicella, \_\_\_ Hepatitis A, \_\_\_ Hepatitis B, \_\_\_ Meningitis (MCV4),

\_\_\_ Meningitis B, Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse verification: \_\_\_\_\_