

# ALLEN COUNTY NON-PUBLIC SCHOOL ASSOCIATION

## Religious Objection to Immunization

(Reference Indiana Code Section 20-34-3-2)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I have been informed of the immunization requirements stated in the Indiana Code.

I understand that all required immunizations may be obtained through the Allen County Department of Health for low cost / free vaccinations.

Allen County Department of Health  
Immunization Clinic (260) 449-7504

I understand that for the safety of my student, he/she will be dismissed from class in the event of an epidemic involving a disease that he/she has not been vaccinated against.

Understanding all of the above, I wish to document my objection to my child being vaccinated against the following diseases:

Hepatitis A  Hepatitis B  DTap  Polio  MMR  Varicella  Meningitis

and for the following **religious** reasons (please be specific):

---

---

---

---

---

**I further understand that I must file a formal objection annually, in lieu of presenting documentation of immunizations received.**

Printed name of parent/guardian \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**This signed and dated form must be returned to the school office by the first day of school.**