

Dear Parent/Guardian:

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your child to attend school.

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 such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks.

IF your child is excluded from school, your child will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

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**Acknowledgement of Consequences of Incomplete Vaccination**

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's name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's name \_\_\_\_\_

# West Clark Community Schools

## Immunization Religious Exemption Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

For religious reasons, the above named student will not be receiving the required immunizations.

Please check the vaccines being denied

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> DTap        | <input type="checkbox"/> Polio         | <input type="checkbox"/> MMR(Measles, Mumps & Rubella) |
| <input type="checkbox"/> Dose 1      | <input type="checkbox"/> Dose 1        | <input type="checkbox"/> Dose 1                        |
| <input type="checkbox"/> Dose 2      | <input type="checkbox"/> Dose 2        | <input type="checkbox"/> Dose 2                        |
| <input type="checkbox"/> Dose 3      | <input type="checkbox"/> Dose 3        |  |
| <input type="checkbox"/> Dose 4      | <input type="checkbox"/> Dose 4        |  |
| <input type="checkbox"/> Dose 5      |  |  |
| <br>                                 |  |  |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella                     |
| <input type="checkbox"/> Dose 1      | <input type="checkbox"/> Dose 1        | <input type="checkbox"/> Dose 1                        |
| <input type="checkbox"/> Dose 2      | <input type="checkbox"/> Dose 2        | <input type="checkbox"/> Dose 2                        |
|                                      | <input type="checkbox"/> Dose 3        |  |
| <br>                                 |  |  |
| <input type="checkbox"/> Tdap        | <input type="checkbox"/> Meningococcal |  |
| <input type="checkbox"/> Dose 1      | <input type="checkbox"/> Dose 1        |  |
|                                      | <input type="checkbox"/> Dose 2        |  |

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Parent Signature

Date