



Parent(s) of \_\_\_\_\_ Grade \_\_\_\_\_

The Indiana State Code 20-8.1-7-2 states that a religious waiver should be:

1. Made in writing,
2. Signed by the parent,
3. Stating that the objection to each immunization is based on religious grounds,
4. Verified by the parent each year.

This waiver is required to be on file at the school by the first day of each school year. Please fill out and sign the portion below for your child. Return this form to the school nurse for your child's file. Thank you.

\_\_\_\_\_  
We, the parent(s) of \_\_\_\_\_ object to each of the following immunizations based on religious grounds.

All immunizations that apply to this exemption (check all that apply):

- Dtap - Diphtheria, Pertussis, and Tetanus
- IPV- Polio
- Hepatitis B
- MMR- Measles, mumps, rubella
- Varicella (Chicken Pox)
- Tdap
- MCV4 (meningococcal)
- Hepatitis A

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_