

Exemption from Vaccination and Immunization

As a parent/guardian having control of and responsibility for

_____,'

I request that said minor be exempt from the vaccination and immunization requirements on religious grounds in accordance with IC 20-34-3-2. I certify that the administration of vaccine or other immunizing agents to my child is contrary to their and my personal religious beliefs, and I therefore request that my child be exempt from immunization requirements.

Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

Date: _____ School Year: _____ - _____