

**NEW PRAIRIE UNITED SCHOOL CORPORATION**

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The Indiana State Department of Health will allow objections to immunizations according to Indiana Code 20-8.1-7-2. to be raised on the following grounds:

**MEDICAL:** A physician’s written note that a particular immunization is or may be detrimental to the child’s health. This must be renewed on a yearly basis.

In the state of Indiana, there is no exemption allowed for philosophical objections.

**RELIGIOUS:** The following form must be signed by the child’s parent/guardian. This must be renewed on a yearly basis.

I object to my child \_\_\_\_\_ being immunized or tested against the following diseases:

\***ALL VACCINES** \_\_\_\_\_

Varicella \_\_\_\_\_

DTap (Diphtheria-Tetanus-Pertussis) \_\_\_\_\_

Hepatitis A \_\_\_\_\_

Polio \_\_\_\_\_

Meningitis \_\_\_\_\_

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

TDap (Tetanus-Diphtheria-Pertussis) \_\_\_\_\_

I understand that this objection does not eliminate my duty to report any immunizations already given. I also understand that in the event of an outbreak of disease, my child may be excluded from school and after school activities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_