



Health and Wellness Services

1200 South Barr Street • Fort Wayne, IN 46802 • Phone: 260.467.1080 • Fax: 260.467.1186

PARENT/GUARDIAN OBJECTION TO IMMUNIZATION REQUIREMENT - INDIANA LAW

Student's Name: _____

School: _____

Grade: _____ Date: _____ Gender: _____

Parent/Guardian: _____

Address: _____ Zip _____ Phone _____

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

I have also been informed of the availability of the required immunizations, provided through the Fort Wayne-Alen County Department of Health or Super Shot.

I am also aware for the safety of my child that he/she will be dismissed from class in the event of an epidemic involving a vaccine-preventable disease.

I object to having my child immunized as stated in Indiana Code and further state that my child will not have the immunizations described by Indiana Code for the following reasons:

MEDICAL OBJECTION

RELIGIOUS OBJECTION

Date

Parent/Guardian Signature

As a physician, I feel that the immunization/s required by Indiana State Code are contraindicated for this child because it is detrimental to the child's health.

Date

Physician Signature (*required for medical objection only*).

Physician's Name (please print)

Your child may receive immunizations free at the Department of Health Immunization Clinic or at a Super Shot site. The Department of Health is located at 4813 New Haven Avenue. Call (449-7514).for clinic hours. For Super Shot site information, call 424-7468. No appointment is necessary. Children must be accompanied by a parent/guardian. **You must take a copy of your child's immunization records.**