ANDREAN HIGH SCHOOL

CHRIST IS MY TEACHER

Dear Parent/Guardian:

Your child has been listed as having 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 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 and dances 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).

Please reach out to the school nurse with any questions.

Alyssa Hemminger BSN, RN

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219-887-5959 ext 256

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 _____

EXEMPTION FROM IMMUNIZATIONS

The Indiana State Department of Health allows for objections to vaccination for the following reasons:

Medical - A physician's discretion that immunization may be harmful to a child's health. This must be in writing from a physician, physician assistant, or nurse practitioner and renewed annually.

Religious - An objection to vaccination based on religious beliefs. This must be signed by the child's parents and renewed annually.

OBJECTION TO IMMUNIZATION

Please mark or circle the following vaccinations that are being objected to:

___ DTP/DTaP/Tdap

___ Polio

___ Measles (Rubeola)

___ Mumps

___ Rubella (German measles)

___ Hepatitis A

___ Hepatitis B

___ Varicella (Chicken Pox)

___ Meningitis (MCV_4)

My objection is based on the following reason:

Medical _____ (Written statement from physician must be attached)

Religious _____

Signature _____ **Date:** _____