

Southwestern Consolidated School Corporation  
3406 W. 600 S.  
Shelbyville, IN 46176  
Phone: (317)729-5122  
Fax: (317)729-2424

Immunization Exemption Notification

Date: \_\_\_\_\_

I am aware that Indiana State Law requires my child to be immunized.

I understand that my child will be excluded from school and extracurriculars at the discretion of the local health department if there is a disease outbreak and he/she cannot show proof of immunity against the disease. Proof of immunity requires the immunization date and/or confirmation by a physician that the child has had the disease. The Indiana State Department of Health will allow objections to immunization based on medical or religious grounds. All exemptions must be renewed each school year.

I object to my child being immunized for the following reason:

Religious: \_\_\_\_\_

Medical: \_\_\_\_\_ **(Requires verification form from physician)**

Student's Name: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_