



OBJECTION TO IMMUNIZATION

I object to the following immunizations for my child, _____,
Student name
for RELIGIOUS reasons.

_____ DtaP, Tdap

_____ Polio

_____ Hep B

_____ MMR

_____ Varicella

_____ Meningococcal

_____ Hep A

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.

Parent signature _____ Date _____

*This documentation needs to be submitted annually to meet state guidelines.