

# GUERIN CATHOLIC HIGH SCHOOL

## IMMUNIZATION RELIGIOUS EXEMPTION FORM

Date \_\_\_\_\_

Student \_\_\_\_\_

As the parent or guardian of \_\_\_\_\_, I have  
Student  
chosen for my child not to receive the following vaccine(s) \_\_\_\_\_

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Due to my **Religious Beliefs**.

I understand that by not vaccinating my student, he/she may be at risk for contracting the disease from community exposure. Per Indiana Code , I understand that I must update this form each school year . By choosing not to vaccinate my student, I understand that my student may be excluded from school should an outbreak from a vaccine preventable illness occur. The Indiana State Department of Health (ISDH) determines this exclusion.

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Parent/Guardian Signature

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Date