



MOST PRECIOUS BLOOD SCHOOL
1529 Barthold Street
Fort Wayne, Indiana 46808
260-424-4832

OBJECTION TO IMMUNIZATION

I object to immunization for my child
_____ for the following reasons:

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 will be excluded from school.

In the case of a medical exemption, the signature of a physician is required.

Date: _____

Parent signature: _____

Physician signature: _____