

Portage Township Schools

Student Health Services

OBJECTION TO IMMUNIZATION

Name of Student: _____ Grade: _____

Parent or Guardian Name: _____

I object to the administering of the following immunizations (check):

- Hepatitis B vaccine
- Diphtheria, Tetanus, acellular Pertussis (DTaP) vaccine
- Tetanus, Diphtheria & acellular Pertussis (Tdap) vaccine
- Polio vaccine (IPV)
- Measles, mumps, rubella (MMR) vaccine
- Varicella (chickenpox) vaccine
- Meningococcal vaccine
- Meningococcal B vaccine
- Hepatitis A vaccine
- Other _____

The reason for my/our objection(s) are:

- Religious Beliefs
- Threat to child's health (Must be accompanied by physician's note)

If my child does not receive the vaccine(s), **the consequences** may include:

- contracting the illness the vaccine should prevent
- transmitting the disease to others
- the need for my child to stay out of child care or school during disease outbreaks

Parent/Guardian Signature: _____

Date signed: _____

Note: A new Objection to immunization must be signed yearly.