



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: \_\_\_\_\_