



## VACCINE EXEMPTION REQUEST

Dear Parent/Guardian,

Michiana Christian Academy's vaccination requirements are determined by the Indiana Department of Education and the Indiana State Department of Health. All accredited schools are required to verify the immunization status of each student. MCA is required to report this information to the Indiana Department of Education annually.

You have requested a vaccine exemption for your child. The only exemptions allowed under Indiana law are religious exemptions and medical exemptions.

A medical exemption will only be granted if you provide a written, signed statement from your child's healthcare provider. Please note medical exemptions due to parental concerns do not meet Indiana state law requirements. Only medical exemptions granted by a healthcare provider are acceptable. The attached form should be used. This form will need to be updated annually. As true medical contraindications to immunization are vaccine-specific, medical exemptions are required to be written for each vaccine that is contraindicated.

A religious objection must state that the objection to immunization is based on religious grounds. The objection must be a written statement from you that includes the student's name, your religious objections, and your signature. This should be delivered to the school within the next 2 weeks. There is no requirement of proof of your religious beliefs. This written statement must be provided to the school every year.

If you are seeking a medical or religious exemption for your child, then these completed documents must be presented to the school office as soon as possible. If your child's immunizations are not up to date and we do not have these exemption forms on file, your child may be unable to return to school until these are completed.

Michiana Christian Academy has an obligation to protect the health and safety of all students and staff. In the event of an outbreak of a vaccine preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected child is considered an outbreak due to how contagious these diseases are. The length of time your child is kept out of school depends on the disease. Your child's exclusion could be as long as 3-4 weeks. If your child is excluded from school, your child will also be excluded from school sponsored activities that occur within the exclusion period. Michiana Christian academy will notify you when your child can return to school.

Vaccine preventable diseases for which incompletely vaccinated children can be excluded from school include measles, mumps, pertussis, chickenpox, or any other vaccine preventable disease at the discretion of the St. Joseph County Health Department.

As your child's vaccinations are incomplete, he/she is at higher risk for contracting one of these preventable diseases. Michiana Christian Academy is required by Indiana Law to have you sign the form below indicating you understand that your child is incompletely vaccinated and that in the event of an outbreak, your child may need to be excluded from school until the outbreak risk subsides.

Michiana Christian Academy seeks to work together with you to achieve academic success for your child. In the event of an outbreak and exclusion from school, we will do everything we can to ensure your child is able to continue with their studies at home.

If you have questions or concerns about this, please reach out to us so we can discuss it further. Thank you.



## VACCINE EXEMPTION FORM

**STUDENT NAME:** \_\_\_\_\_

**STUDENT BIRTHDATE:** \_\_\_\_\_

**HEALTHCARE PROVIDER:** \_\_\_\_\_

**EXEMPTION REQUESTED** (choose one):

MEDICAL (please return medical exemption form signed by healthcare provider)

RELIGIOUS (please provide written statement to office asap)

Please sign the form below and return to the office.

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### Acknowledgement of Consequences of Incomplete Vaccination

I understand that my child may be excluded from school in the event of an outbreak of a vaccine preventable disease.  
I understand that school exclusion includes after-school activities, events, and field trips.  
I understand that my child may be required to stay home for multiple weeks during an outbreak of a vaccine preventable disease for which he/she is not vaccinated.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_