

**SAMPLE PARENT ACKNOWLEDGMENT FORM FOR STUDENTS  
WITH VACCINE EXEMPTIONS  
(REMOVE AND INSERT SCHOOL LETTERHEAD)**

Dear Parent/Guardian:

Our records indicate your child has a medical exemption or a religious objection to vaccination and is not fully immunized. Although your child remains at risk for contracting a vaccine-preventable disease, as you have submitted the appropriate paperwork, Indiana Code 20-34-4 permits your child to attend school.

However, 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 students and staff. This includes measles, chickenpox, pertussis, mumps, or any other vaccine-preventable disease at the discretion of INSERT NAME OF LOCAL HEALTH DEPARTMENT.

If your child is excluded from school, your child will also be excluded from after-school activities, such as sporting events, dances, and graduation that occur within the exclusion period. INSERT NAME OF SCHOOL NURSE, TITLE, at NAME OF SCHOOL will notify you when your child can return to school.

The length of time will vary based on the disease but your child could be excluded for multiple weeks.

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**Acknowledgment Regarding 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, such as sporting events, dances, and graduation.

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 fully vaccinated.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_