



TRADERS POINT CHRISTIAN SCHOOLS

TRAINING SCHOLARS. MAKING DISCIPLES. GRADUATING LEADERS.

I, _____, as the parent, guardian or person
(insert your name)
in loco parentis of the child _____, hereby certify that
(insert your child's name)
the administration of any vaccine or other immunizing agents is contrary
to our personal religious beliefs.

_____ Diphtheria

_____ Measles

_____ Tetanus

_____ Mumps

_____ Pertussis

_____ Rubella

_____ Polio

_____ Haemophilus influenzae type b

_____ Hepatitis A

_____ Varicella

_____ Hepatitis B

_____ Other

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Indiana statute I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to IC § 20-34-3-2.

Parent Signature _____ Date _____