

# HAMMOND BAPTIST SCHOOLS

*A ministry of the First Baptist Church of Hammond, Indiana*

134 West Joliet Street  
Scherville, Indiana 46375

## REQUEST FOR IMMUNIZATION EXEMPTION

TO WHOM IT MAY CONCERN:

We, the undersigned, as the parent or guardian of the named child, object to him / her receiving the immunizations as required by IC 20-8.1-7-2 as amended by the 1993 Indiana General Assembly. This objection is based on religious grounds. I understand that any medical objection must be accompanied by a note from a physician. The following are the specific immunizations from which I want my child exempt:

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

**Note:** Exemptions must be renewed each year.