

Lake Central School Corporation

8260 Wicker Avenue
Tel: (219) 365-8507

Saint John, IN 46373
Fax: (219) 365-6406

website: lcsc.us



Sarah Castaneda, Ed. S.
Superintendent

Rebecca Gromala
Assistant Superintendent

Yolanda Bracey, Ed. D.
Director of Elementary Education

Misty Scheuneman, Ed. S.
Director of Secondary Education

Mary Rebey
Director of Student Services

Dear Parent/Guardian,

Your child has a medical/religious exemption to vaccination and is not fully immunized. Although your child remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your child to attend school.

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 an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks.

If your child is excluded from school, your child will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from the school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

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 included 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 vaccinated.

Parent's name _____

Signature _____ Date _____

Child's name _____

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RELIGIOUS WAIVER

Religious exemptions do not relieve parents from the responsibility of reporting a record of immunizations, nor do they relieve schools from the responsibility of maintaining an immunizations record, even if negative, for exempt students. In event of an outbreak, each student's status must be immediately available. For their own protection, exempted students may be excluded from school for the duration of the outbreak. A new form must be completed annually, if the religious exemption still applies.

Please circle the following immunizations that are being objected to:

DTaP	Varicella(Chickenpox)
IPV	Hepatitis A
Measles	Hepatitis B
Mumps	Tdap
Rubella	MCV4

I will take full responsibility for my child's health and safety.

Parent's name _____

Signature _____ Date _____

Child's Name _____

Please complete and return to your respective school nurse.