



A Member of Trinity Health

THIS FORM MUST BE RETURNED BY _____ OR YOUR STUDENT WILL BE EXCLUDED STARTING MONDAY, _____.

Principal's Signature

Notice # _____ Grade: _____

Name: _____

Objection to Immunization(s)

I object to immunization(s) for my child _____ for the following reason:

Medical (Requires a physician's signature)

Religious

I understand that this objection does not eliminate my duty to report any immunizations already given. I also understand that in the event of an outbreak of a vaccine preventable disease, my child will be excluded from school for the time frame set by the Indiana Department of Health.

Date: _____

Parent Signature: _____

Physician Signature (only needed if objection is medical)

Medical Centers

Mishawaka Medical Center

5215 Holy Cross Pkwy. Mishawaka, IN 46545 574.335.5000

Rehabilitation Institute

60205 Bodnar Blvd. Mishawaka, IN 46544 574.335.8800

Plymouth Medical Center

1915 Lake Ave. Plymouth, IN 46563 574.948.4000

Senior Services

Holy Cross

17475 Dugdale Dr. South Bend, IN 46635 574.247.7500

Saint Joseph PACE

250 E. Day Rd. Mishawaka, IN 46545 574.247.8700

St. Paul's

3602 S. Ironwood Dr. South Bend, IN 46614 574.284.9000

Trinity Tower

316 S. Dr. Martin Luther King Jr. Blvd. South Bend, IN 46601 574.335.1900

VNA Home Care

3838 N. Main St., Ste. 100 Mishawaka, IN 46545 574.335.8600

510 W. Adams St., Ste. GL-50

Plymouth, IN 46563 574.335.7950

Community-Based Programs

The Foundation

707 E. Cedar St., Ste. 100 South Bend, IN 46617 574.335.4540

Health Insurance Services

5215 Holy Cross Pkwy. Mishawaka, IN 46545 1.855.88.SJMED (1.855.887.5633)

Community Health & Well-Being

707 E. Cedar St., Ste. 100 South Bend, IN 46617 574.335.4685

Physician Network

707 E. Cedar St., Ste. 220 South Bend, IN 46617 574.335.8758