



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