

**MICHIGAN CITY AREA SCHOOLS  
MEDICAL OBJECTION TO IMMUNIZATION, TESTING,  
EXAMINATION AND TREATMENT**

I, \_\_\_\_\_, hereby state my objections to the immunization  
*(Parent or Guardian)*  
requirements of Indiana Code 20-8.1-7-2 (and following) ask that my child, \_\_\_\_\_,  
*(Student's Name)*  
be exempt from any testing, examination, immunization or treatment required under the School Health law for the  
following **medical** reason/s:

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A Physician's statement is attached to this request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

The Michigan City Area Schools has a policy of providing equal opportunity. All courses/activities are open to all students regardless of race, color, sex, handicapping conditions, or national origin including limited English proficiency. Educational services, programs, instruction, and facilities will not be denied to anyone in the Michigan City Area Schools as the result of his or her race, color, sex, handicapping conditions, or national origin including limited English proficiency. For further information, clarification, or complaint, please contact the following: **MCAS Administration, 408 S. Carroll Avenue, Michigan City, Indiana 46360 at (219) 873-2000 for Title IX (gender equity related issues); or Director of Special Education, 408 S. Carroll Avenue, Michigan City, Indiana 46360 at (219) 873-2000 for Section 504 (non-discrimination/disability issues and Americans With Disabilities).** Any other information concerning the above policies may be obtained by contacting the Superintendent, Dr. Barbara Eason-Watkins, 408 S. Carroll Ave, Michigan City, Indiana 46360 at (219) 873-2000.