



## Conscientious Objection to Immunisation

I agree that I have been provided with current information regarding recommended child immunisations and exclusion periods for infectious illnesses.

I have chosen not to have my child immunised. I understand that my child will be excluded for the prescribed period during any outbreak of a vaccine preventable disease at this Service and that I will be required to pay full fees during this time.

I have chosen to have my child immunised for some of the recommended immunisations and these have been listed on the child's immunisation record which is attached. I understand that my child will be excluded for the prescribed period during any outbreak of a vaccine preventable disease which my child has not been immunised for at this Service and that I will be required to pay full fees during this time.

Further Information:

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I am aware and acknowledge that objecting to immunisation will effect eligibility for Family Tax Benefit Part A Supplement. Further information is available at Department of Human Services, [www.humanservices.gov.au](http://www.humanservices.gov.au) .

Child's Name: \_\_\_\_\_

Name (Parent/Guardian): \_\_\_\_\_

Signature (Parent/Guardian) : \_\_\_\_\_

Date: \_\_\_\_\_

Received by (Name): \_\_\_\_\_

Date: \_\_\_\_\_