



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:

I am aware and acknowledge that objecting to immunisation will effect eligibility for Child Care Rebate and Family Tax Benefit Part A Supplement. Further information is available at Department of Human Services, www.humanservices.gov.au

Child's Name: _____

Name (Parent/Guardian): _____

Signature (Parent/Guardian) : _____

Date: _____

Received by (Name): _____

Date: _____