

THE FOLLOWING INFORMATION IS NECESSARY TO ALLOW STUDENTS WITHOUT IMMUNIZATIONS TO ATTEND TRIAD LOCAL SCHOOL. ALL SPACES MUST BE COMPLETED.

Ohio Revised Code Sections 3313.67 and 3313.671

Sect. 3313.671, Part (3), (4): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

This section does not limit or impair the right of a board of education of a city, exempted village or local school district to make and enforce rules to secure immunization against **diphtheria, tetanus, pertussis (whooping cough), varicella (chicken pox), polio, measles, mumps, rubella, and hepatitis and meningococcal** of the students under its jurisdiction.

Name of Student	Grade
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Address: _____

Street Address	City	State	Zip

The Triad Local School policy requires a physician statement if a medical problem exists and a statement from clergy in case of religious conviction.

I, being the parent or guardian of the above named child hereby objects to the immunization(s) listed for the following reasons:

Immunizations include: (check all that apply)

DTaP Varicella MMR Meningococcal

TDaP Polio HepB

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that the student named above is subject to exclusion from school for the duration of the outbreak. This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Signature of Parent: _____ Date: _____
Parent, guardian or other person having care or charge of the student: _____

Home Telephone: _____ Daytime Telephone: _____

For Office Use:

☐ Approved ☐ Denied Reason: _____

Signature of Nurse: _____ Date: _____

Signature of Superintendent: _____ Date: _____

11/12
5/18/17