



Where Eagles Learn To Soar

Mark Kowalski
Superintendent
PH: 419-422-8526
FX: 419-422-5108

Lisa Dobbins
Treasurer
PH: 419-422-8526
FX: 419-422-5108

Brenda Frankart
Director of Curriculum
& Federal Programs
PH: 419-422-8526
FX: 419-422-5108

Bruce Otley
Director of Operations
PH: 419-424-5351
FX: 419-424-5352

Ben Gerken
High School Principal
PH: 419-424-5351
FX: 419-424-5352

Kyle Leatherman
Middle School Principal
PH: 419-422-9166
FX: 419-424-5350

Brian Burkett
Elementary School Principal
PH: 419-422-9161
FX: 419-420-9237

Alvin Trusty
Director of Technology
PH: 419-424-5351
FX: 419-424-5352

Dustin Klopping
Food Service Director
PH: 419-422-9166
FX: 419-424-5350

IMMUNIZATION

Religious, Good Cause, and Medical Exemption Form

Senate Bill No. 282, Ohio Revised Code Section 3313.671, part (3): "A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized."

Senate Bill No. 282, Ohio Revised Code Section 3313.671, part (4): "A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease. 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 mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, and hepatitis B of the pupils under its jurisdiction."

I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all clearly support preventing diseases through vaccination.

I, the parent/ guardian of the below named child, hereby object to the immunization(s) listed for the following reasons:

- ( ) Polio inactivated (IPV) ( ) Diphtheria/Pertussis/Tetanus (DPT) ( ) MMR ( ) HepB ( ) Tdap ( ) Varicella (chicken pox) ( ) Meningococcal

Medical Reason: You must have a written, signed statement from your physician stating the medical condition. Attach it to this form.

I further understand that my child may be excluded (possibly 21 days or more) from his or her school, sports events, or other organized activities during disease outbreaks. This means that I could miss many days (possibly 21 days or more) of work to stay home with my child.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

If your child has already had the disease i.e., chickenpox, please provide the school documentation of the date for their health record.