



Liberty-Benton Local Schools

9190 County Road 9 | Findlay, OH 45840 | Phone: (419)422-8526 | Fax: (419)422-5108 | www.liberty-benton.org

Where Eagles Learn To Soar

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 (DTaP) () MMR () Hep B
 () 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.

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Bruce Otley
Superintendent
(419)422-8526

Lisa Dobbins
Treasurer
(419)422-7279

Ben Gerken
High School
Principal
(419)424-5351

Kyle Leatherman
Middle School
Principal
(419)422-9166

Brian Burkett
Elementary School
Principal
(419)422-9161

Brenda Frankart
Director of Curriculum
& Federal Programs
(419)422-8526

Luke Siefing
Director of Operations
(419)424-5351

Alvin Trusty
Director of Technology
(419)424-5351

Wendy Gonso-Leady
Food Service Director
(419)422-9166