Avon Lake City Schools
175 Avon Belden Road
Avon Lake, Ohio 44012

IMMUNIZATION WAIVER

The Immunization Waiver form must be completed by the parent or legal guardian if a child is to be admitted to the Avon Lake City Schools without full immunization.

Student _____ School _____ Grade _____

As required under the Immunization Law (Ohio Revised Code, Section 3313.671), I, the parent/legal guardian of the above named student, object to having him/her immunized for the following reasons:

Please check one:

_____ *Religious*
Explanation:_____
_____

_____ *Philosophical*
Explanation:_____
_____

_____ *Medical (please note this requires a physician's signature)**
Explanation:_____
_____

Please check immunizations excluded:
☐ DTap/DPT/DT ☐ Polio ☐ Hep B ☐ MMR ☐ Tdap ☐ Varicella

_____ _____
Signature of Parent/Legal Guardian Date

_____ _____
* Signature of Physician (when applicable) Date

Note: If vaccine preventable disease should occur in your child's school, the child may be excluded from class for an extended period of time.