



Avon Lake City Schools
IMMUNIZATION WAIVER
Please PRINT

The Immunization Waiver form must be completed by the parent or legal guardian by the 15th day of school if a child is to be admitted to the Avon Lake City Schools without full immunization.

Name of Student _____ Building _____ 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 reason:

Please Check One:

_____ Religious / Reason of Conscience
Explanation: _____

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

Please check immunizations excluded:

DTap/DPT/DT Polio Hep B MMR Tdap Varicella (Chicken Pox) MCV (Meningitis)

LEAPS ONLY

HIB PCV (Pneumococcal) Influenza Hep A RV (Rotavirus)

I further understand that during the course of an outbreak of any of the vaccine preventable diseases mentioned above, that the student named here 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/Legal Guardian _____ Date _____

Signature of Physician (*when applicable) _____ Date _____