



Avon Lake City Schools IMMUNIZATION WAIVER

Please PRINT

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.

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
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 (Chicken Pox) MCV (Meningitis)

LEAPS ONLY

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

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.