Centerville City Schools
111 Virginia Avenue
Centerville, OH 45458
937-433-8841

PARENTAL OR MEDICAL WAIVER

School Year _____

Student's Name _____ Birthdate _____

School _____Grade _____

This form needs to be completed EACH SCHOOL YEAR to keep your child's immunization record up to date. As a parent/guardian, I understand that the immunization law ORC 3313.671 permits me to sign a waiver for my child's immunizations. **Please check appropriate immunizations.**

_____ MMR (Measles, Mumps, Rubella) _____

_____ DTaP/DT (Diphtheria, Tetanus, Pertussis) _____

_____ Tdap/Td (Diphtheria, Tetanus, Pertussis)_____

_____ Polio _____

_____ Hepatitis B _____

_____ HIB (Haemophilus b)_____

_____ Varicella (Chicken Pox) _____

_____ Pneumococcal _____

_____ MCV4 Meningococcal_____

_____ Hepatitis A_____

_____ Influenza_____

_____ Other (Please specify)_____

I understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases that my child named above will be subject to EXCLUSION from school for the duration of the outbreak. This action is necessary not only to protect your child but the remainder of the students and faculty at this school.

Signed _____ Date_____
(Parent/ Guardian must sign)

For Medical Waiver: Physician must also sign and indicate reason.

Reason for contraindication _____

Signed_____ Date _____
(Physician)

THIS DOCUMENT MUST BE KEPT ON FILE WITH THE ABOVE STUDENT'S PERMANENT HEALTH RECORD

2018