

River Valley Local Schools Immunization Waiver Form

Vaccine-preventable diseases are still with us. In many cases, they cause disability or death. Immunizations are one of our most cost-effective measures to protect children from harmful diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

The Ohio Revised Code (Section 3313.671) states that "a pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized."

A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

I object to having my child, _____, born _____
Immunized against the diseases I have circled below:

Hepatitis B

Polio

Varicella (chicken pox)

Meningococcal (meningitis)

MMR: Measles
Mumps
Rubella

DTaP: Diphtheria
Tetanus
Pertussis

Parent/Guardian Signature: _____

Date: _____ (must be updated each school year)