

# Elmwood Local Schools

7650 Jerry City Road  
Bloomdale, Ohio 44817



## PARENTS WHO OBJECT TO IMMUNIZATIONS

Name of Child: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

I object to having the above child immunized against one or more of the following diseases:

Polio	Measles
Diphtheria	Mumps
Pertussis	Rubella
Tetanus	Hepatitis B
Varicella	HIB
Tdap	HEB A
Meningococcal	

I request, therefore, that my child be exempted from the requirements of such immunization for:  
(circle appropriate reason)

1. Medical                      2. Religious                      3. Philosophical

I understand if there is an outbreak of any of the above diseases my child may be excluded until it is considered safe for this child to re-enter the school system.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date