Kindergarten - 3rd Grade

St. Philomena MONTESSORI SCHOOL

Student Immunization Record

All Ohio schools are required to have student immunization records on file.

☐ **My child has been immunized - Please provide a copy of your child's immunization record**

☐ **I am waiving immunizations for my child- Please complete the waiver statement below.**

Exemption from Immunization

Date: _____

Re: Immunization exemption for reason of conscience, including religious convictions

To Whom It May Concern:

I, _____, as parent or guardian of _____ decline the immunization requirements outlined by the Ohio Department of Health for reasons of conscience, including religious convictions per Ohio Revised Code 3313.671(B)(4).

I am aware that according to ORC 3313.671 (C) that during a chicken pox outbreak my child is subject to exclusion from the school for the duration of the outbreak. I understand the board of education or governing body of the school shall adopt a policy that prescribes methods whereby the academic standing of my child who is denied admission during the chicken pox outbreak may be preserved.

Parent/Legal Guardian:_____

Signature: _____Date:_____