

DELAWARE CITY SCHOOLSREQUEST FOR EXEMPTION FROM FURTHER IMMUNIZATIONS

The State of Ohio requires all children to receive the following minimum immunizations upon enrollment in school: **DTAP/DT/DTP (5 doses); Polio (4 doses), MMR (2 doses), and Hepatitis B (3 doses)**. If you wish to exempt your child from further immunization due to medical, religious, or "good cause" reasons, please sign this form and return it to the school as soon as possible.

If an outbreak of communicable disease for which your child is not immunized for should occur in the school, your child will be excluded from school until two (2) weeks after the last reported case of communicable disease.

I, the parent/guardian of _____ desire to exempt my child from further immunization. I understand that should an outbreak of disease for which my child is not immunized occurs, that my child would be excluded from school for two (2) weeks after the last reported case of disease.

Parent/Guardian Signature

Date