

DANVILLE LOCAL SCHOOLS

PARENTAL OBJECTION TO IMMUNIZATION

_____ is currently attending
(Name of Student)

_____. I have been notified that my child is required by the Ohio
(Name of School)

Immunization law for school entry and continued enrollment to receive_____.
(Name of Immunization)

I refuse to have my child receive the above stated immunization for the following reasons:_____

I am thus assuming liability for the health and safety of my child.

I will not hold the school liable for failing to notify me of the required immunization should there be an outbreak of the above stated communicable disease.

I am fully aware that in the event of an outbreak of the above stated communicable disease that my child will be excluded from school throughout the duration of the outbreak.

(Signature of Parent)

(Date)