

PERKINS

LOCAL SCHOOL DISTRICT

3714 Campbell St., Ste. B | Sandusky, OH 44870 | www.perkinschools.org

I, the parent/guardian of the below named child, decline to have my child immunized for the following diseases and the reasons stated below:

Child's Name:	
School:	Grade:

Diseases for Exemption	
<ul style="list-style-type: none">Diphtheria/Tetanus/Pertussis (Tdap/DTap/DT/Td)	<ul style="list-style-type: none">Polio
<ul style="list-style-type: none">Measles/Mumps/Rubella (MMR)	<ul style="list-style-type: none">Hepatitis B
<ul style="list-style-type: none">Varicella (Chicken Pox)	<ul style="list-style-type: none">Meningococcal (MCV4)
<ul style="list-style-type: none">Other:	

Reasons for Exemption
<ul style="list-style-type: none">Reasons of conscience, including religious convictions
<ul style="list-style-type: none">My child has had natural rubeola (measles) and is not required to be immunized against rubeola
<ul style="list-style-type: none">My child has had natural mumps and is not required to be immunized against mumps
<ul style="list-style-type: none">My child has had natural chicken pox and is not required to be immunized against chicken pox
<ul style="list-style-type: none">My child's physician has certified in writing that such immunization is not required or is medically contraindicated, and I have attached a copy of the physicians written certification to this form.

Please be aware that if there is an outbreak of any of the above illnesses, that the exempted child will be excluded from school until deemed safe to return.

This exemption form will need completed each school year.

Parent/Guardian Signature: _____ Date: _____

Address: _____



PERKINS PROMISE

TO EMPOWER STUDENTS TO PURSUE THEIR DREAMS AND ACHIEVE SUCCESS.

Phone:
419-625-0484
Fax:
419-621-2052
Treasurer:
419-625-1261

SUPERINTENDENT
Jodie Hausmann

TREASURER
Dan Bowman

BOARD OF EDUCATION
Michael Ahner
Brad Mitchel
Andy Carroll
Nicole Hykes
Jason Dulaney