



ORRVILLE CITY SCHOOLS
815 N. Ella Street
Orrville, OH 44667
330-682-5811

Religious or Philosophical Exemption Form

Amended Substitute Senate Bill N.282
Ohio Revised Code, Sections 3313.67 and 3313.671

Sec. 3313.671 (5) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

This section does not limit or impair the right of a board of education of city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubella, mumps, measles, diphtheria, pertussis, tetanus, hepatitis B and varicella of the pupils under its jurisdiction.

I, the parent or legal guardian of the below named child, hereby object to the immunization(s) listed for the following reasons:
(please list immunizations objected to and reasons)

If a medical reason, a signed statement from your physician must accompany this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, the student named here is subject to exclusion from school (academic standing preserved) for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Student's Name: _____

Parent's Signature: _____

Address: _____

Phone: _____ Date: _____

Witness' Signature: _____ Date: _____