

Wapakoneta City Schools
1102 Gardenia Drive
Wapakoneta, OH 45895
www.wapak.org



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Waiver of Immunization Requirements

Student Name: _____ Student DOB: _____

I/We, _____ hereby state that we have chosen not to vaccinate our child because we are philosophically opposed to the concept of the following vaccines:

- | | | | |
|--|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> All Vaccines | <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> HIB |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Pneumococcal |

We accept full responsibility for the health of our child and understand that during an outbreak of any so-called "vaccine preventable disease," our child may be subject to exclusion from your facility for the duration of the outbreak.

Signature: _____ Date: _____
Parent/Guardian Signature

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.....
Received Date: _____ By: _____
School Nurse or Office Personnel

Updated 8/10/18

*Wapakoneta City Schools: **The leader** in providing excellent learning experiences for our students*