

Allen County Schools
Immunization Requirements For School Admittance And Waiver Requirements

The Ohio Department of Health, under the authority granted in the Ohio Revised code sections 3313.671 and 3701.13, has established the minimum requirements for pupils enrolled in public and non-public schools:

5 doses of DTaP	(All students must have 5 doses of DTaP to enter kindergarten)
1 DTaP Booster	(1 additional dose is required before entering the 7 th grade beginning for the 2010/2011 school year.)
4 doses of Polio Vaccine	(4 doses required, the last dose to be given after the their 4 th birthday)
2 doses of the Measles, Mumps, Rubella (MMR) Vaccine	(All students in grades K-12 must have 2 doses of the MMR vaccine)
3 doses of the Hepatitis B Vaccine	(All students in grades K-12 must have 3 doses of the Hepatitis B Vaccine.)
2 doses of the Varicella	(Students must have 2 doses of Varicella before entering Kindergarten unless the student has already had chicken pox prior to entering kindergarten. Children who entered kindergarten prior to the 2008/2009 school year are only required to have 1 dose if they have not had the disease>)
2 doses of MCV 4 Meningococcal	Grade 7-One (1) dose of meningococcal (serogroup A,C,W and Y) vaccine must be administered prior to entry. Grade 12-Two (2) doses of meningococcal (serogroup A,C,W and Y) vaccine must be administered prior to entry. However, if the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. (beginning of 2016/17 school year)

Pupils who do not meet the above vaccinations are considered inadequately immunized.

Parents or legal guardians who fail to have their child/children complete the above immunizations in a timely manner (14 days from the day of admittance into the school system) are subject to be excluded from school until completing them unless a waiver is signed.

Wavier

I, _____, parent/legal guardian of
_____, do hereby submit the following reasons for
being exempt of the above requirements: _____

I further understand that, in the event of a school-based outbreak of any of the foresaid mentioned diseases, I may be **advised** to exclude my child/children from school. The suggested duration of exclusion would be dependent upon which disease outbreak has occurred.

Date _____

Parent/legal guardian