

# PERKINS

LOCAL SCHOOL DISTRICT

3714 Campbell St., Ste. B | Sandusky, OH 44870 | [www.perkinschools.org](http://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	
• Diphtheria/Tetanus/Pertussis (Tdap/DTap/DT/Td)	• Polio
• Measles/Mumps/Rubella (MMR)	• Hepatitis B
• Varicella (Chicken Pox)	• Meningococcal (MCV4)
• Other:	

Reasons for Exemption
• Reasons of conscience, including religious convictions
• My child has had natural rubeola (measles) and is not required to be immunized against rubeola
• My child has had natural mumps and is not required to be immunized against mumps
• My child has had natural chicken pox and is not required to be immunized against chicken pox
• 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.**

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