



# Cloverleaf Local Schools

8525 Friendsville Road

Lodi, Ohio 44254

Telephone: (330) 948-2500 - 336-7855

Fax: (330) 948-1034

### High School

8525 Friendsville Road

Lodi, OH 44254

Mrs. Jamie Lormeau, Principal

Mr. Bart Randolph, Associate Principal

(330) 302-0308

### Middle School

7500 Buffham Road

Seville, OH 44273

Mr. Brian Madigan, Principal

Mr. Eric Smith, Asst. Principal

(330) 302-0206

### Elementary School

8337 Friendsville Road

Seville, OH 44273

Mrs. Karen Martin, Principal, Grades PK-2

Mr. Robert Falkenberg, Principal, Grades 3-5

(330) 302-0103

### Special Services

8525 Friendsville Road

Lodi, OH 44254

Margo Gibson-Costello

Director

(330) 302-0317

## Religious, Medical or Philosophical Exemption Form

Senate Bill 282; Ohio Revised Code, Sections 3313.671, Part (3) and (4)

Sec. 3313.671 (3) "A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions is not required to be immunized."

Section 3313.671 (4) "A pupil 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:

\_\_\_\_\_ Polio    \_\_\_\_\_ DPT    \_\_\_\_\_ MMR    \_\_\_\_\_ HEP B    \_\_\_\_\_ Measles

\_\_\_\_\_ Rubella    \_\_\_\_\_ Mumps    \_\_\_\_\_ Varicella    \_\_\_\_\_ Tdap    \_\_\_\_\_ Meningococcal

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Religious: \_\_\_\_\_

\_\_\_\_\_ Good Cause: Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Medical Reason: You must have a written, signed statement from your physician stating the medical condition. Attach it to 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 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.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_