

# WAPAKONETA CITY SCHOOLS

Mr. Keith Horner, Superintendent

Jeannie Van Horn, School Nurse

419.739.2900

419.739.5000 or 419.645.3000

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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:

\_\_\_\_\_ All vaccines

\_\_\_\_\_ Polio

\_\_\_\_\_ Hepatitis B

\_\_\_\_\_ Diphtheria

\_\_\_\_\_ Measles

\_\_\_\_\_ Varivax

\_\_\_\_\_ Tetanus

\_\_\_\_\_ Mumps

\_\_\_\_\_ Pertussis

\_\_\_\_\_ Rubella

We maintain this is a responsible and ethically justifiable position for the following reasons:

- Vaccination is a medical intervention performed on a healthy child that has the ability to result in injury or death of that child;
- The fact that there can be no guarantee that the deliberate introduction of killed or live microorganisms into the body of a healthy child will not compromise the health or cause the death of that child, either immediately or in the future;
- No predictors have been identified by medical science that can give advance warning that injury or death may occur in any individual child;
- There are no guarantees that the vaccine will indeed protect the child from contracting a disease;
- There is an absence of adequate scientific knowledge regarding the way vaccines singly, or in combination, act in the human body at the cellular and molecular level. Therefore, we believe that vaccination is a medical procedure that could reasonably be termed as experimental each time it is performed on a healthy child.

Our state law makes provisions for non-vaccination of children whose parents object to vaccines for religious or philosophical reasons. We accept full responsibility for the health of our child, and because of philosophical conviction, do not wish our child vaccinated. In the event of any infectious condition, our child would of course remain at home. We further understand that during the course of any outbreak of any so-called "vaccine preventable disease" would occur at your facility, our child is subject to exclusion from your facility for the duration of the outbreak.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

Received Date: \_\_\_\_\_ By: \_\_\_\_\_

School Nurse or Office Personnel