

# Springfield Local Schools

## BOARD OF EDUCATION

2410 Massillon Road \* Akron, Ohio 44312 \* (330)798-1111 \* FAX (330)798-1161

[www.springfieldspartans.org](http://www.springfieldspartans.org)

**Charles Sincere**  
Superintendent

**Christopher Adams**  
Treasurer

**Dustin Boswell**  
Business Manager

August 2017

Dear Parent/Guardian,

In an effort to boost meningitis protection for young Ohioans, state lawmakers have added the meningococcal vaccine to a list of vaccines that are required for schoolchildren. At the High School and Junior High Level, the Tdap and Meningitis vaccinations are **required** for schoolchildren to attend school. Who is required to get the Tdap and/or Meningitis vaccinations?

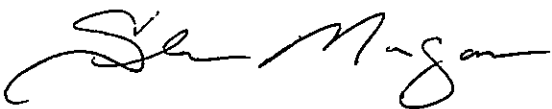
- All 7<sup>th</sup> graders (both Tdap and Meningitis vaccinations are required)
- All 12<sup>th</sup> graders (Meningitis vaccinations are required, 2<sup>nd</sup> dose)
- Any 8<sup>th</sup> – 12<sup>th</sup> grade students who did not receive these vaccinations in 7<sup>th</sup> grade

Springfield Local Schools has partnered with Health Heroes and PSI to provide a Vaccination Clinic on September 7, 2017 during the school day. This clinic will be at **no charge** to students who participate. **It is important to know that beginning Monday, September 11, students who have not received the required vaccinations will be excluded from participating in school until the requirement is met.**

**Students have until September 11, 2017 to meet the vaccinations required by law.** There are three ways to meet the requirements. The first is to secure the appropriate vaccination with your family medical practitioner. The second is if you have a religious or philosophical conviction against the vaccination or your student's doctor provides a medical reason for avoiding it. The third option is to have your student participate in the vaccination clinic **at no charge** on September 7, 2017.

Attached to this letter is a packet of information that contains the necessary paperwork for your student to meet the state laws as they apply to vaccinations. If you have any questions about these requirements, do not hesitate to contact us.

Sincerely,



Shaun Morgan  
Principal  
Springfield High School and Junior High  
[Sp\\_smorgan@springfieldspartans.org](mailto:Sp_smorgan@springfieldspartans.org)

Brad Beun  
Director of Special Services  
Springfield Local Schools  
[sp\\_beun@springfieldspartans.org](mailto:sp_beun@springfieldspartans.org)

MEDICAL, RELIGIOUS, OR PHILOSOPHICAL  
EXEMPTION FORM

Ohio Revised Code, Sections 3313.67 and 3313.671

Sec. 3313.671, part (3): A pupil who presents a written statement by his/her parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious conviction, is not required to be immunized.

Sec. 3313.671, part (4): A child 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 a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, Pertussis, tetanus and varicella of the pupils under its jurisdiction.

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I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons: (Please check immunizations objected to and reasons).

DPT     Tdap     Polio     MMR     HIB  
 HepB     Varicella     Meningococcal

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I further understand that during the course of an outbreak of any of the afore-mentioned vaccine-preventable diseases, the child 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.

Student \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This document is to be completed annually.