



Rocky River City School District

1101 Morewood Parkway • Rocky River • Ohio • 44116

440.333.6000 • info@rrcs.org • www.rrcs.org

Immunization Exemption

Name of Child _____ Date of birth _____

Address _____

School _____

As required under the compulsory immunization law [Ohio Revised Code, Sections 3701.13, 3313.671 and 5104.011(A)(5)], I hereby signify by my signature that I object, for the reason as stated below, to the immunization of my child against the specific diseases(s) listed.

I am aware that my child is subject to exclusion from school in the event of any outbreak of the communicable disease(s) that I have listed below, and that this exclusion may last for the duration of the outbreak which could extend over a period of several weeks.

Reason(s): _____

Parent/Guardian Signature _____ Date _____

Rocky River Schools...

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