



**Blanchester Local Schools  
Office of the District Nurse**

951 Cherry Street, Blanchester, Ohio 45107

Putman Elementary School 937-783-2681

Blanchester Intermediate School 937-783-2040

Blanchester Middle School 937-783-3642

Blanchester High School 937-783-2461

**EXEMPTION FROM IMMUNIZATIONS**

My child, \_\_\_\_\_ is to be exempt from

- all of the required/recommended immunizations, or
- the following specified required/recommended immunizations.  
Please specify the exempted immunization(s): \_\_\_\_\_

\_\_\_\_\_

My child will be exempted from immunizations for the following reasons:

\_\_\_\_\_ Religious convictions

\_\_\_\_\_ Other (please explain):

\_\_\_\_\_

I am aware of the potential consequences associated with this exemption from required/recommended immunization, and I accept all risks.

Parent/Guardian signature for immunization exemption:

Date:

\_\_\_\_\_

\_\_\_\_\_