

Attention all parents of Juniors at LMHS!

All students entering 12<sup>th</sup> grade are required by Ohio school law to show proof of the following immunizations BEFORE STARTING SCHOOL.:

Meningococcal (A, C, Y, W-135) vaccine (to protect against Meningitis)

If your student received a Meningitis (A, C, Y, W-135) vaccine before the age of 16 years, a second dose is required for school attendance in twelfth grade.

If your student will be receiving the first dose of Meningitis (A, C, Y, W-135) vaccine and is now 16 years of age or older, only one dose is required for school attendance in twelfth grade.

Any 12th grade student who has not had the required Meningitis (A, C, Y, W-135) vaccination will not be permitted to attend school until proof of this immunization has been received by the school. A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized. Ohio Revised Code section 3313.67.

The Meningitis (A, C, Y, W-135) shot can be obtained at any time from now until the first day of 12<sup>th</sup> grade. We encourage you to contact your Primary Care Physician, pharmacy, urgent care center, or your local Health Department for an appointment. The Stark County Health Department Phone number is (330)-493-9914.

Don't wait! Clinics tend to become very busy toward the end of summer, causing a delay in immunization which could result in exclusion from school.

As soon as this required immunization is obtained, please provide a copy of your child's shot record, including the Meningitis vaccination date, to the school so your student's record can be updated.

If you have questions, please contact me at 330-877-7532, or via e-mail at [gilberttherese@lakelocal.org](mailto:gilberttherese@lakelocal.org). Thank you for helping to protect the health of our students.

Therese Gilbert, BSN, RN, LSN  
School Nurse Coordinator

Documentation of vaccinations received MUST be returned to your child's school.

LMHS fax to: 330-877-0853, or e-mail LMHS, ATTN: Pam Galada at [galadapam@lakelocal.org](mailto:galadapam@lakelocal.org)

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

Child's School LAKE HIGH SCHOOL

Vaccination(s) received \_\_\_\_\_ Date \_\_\_\_\_

Signature of vaccine provider \_\_\_\_\_

Provider Printed Name \_\_\_\_\_