

Due by September 15, 2021

Attention Parents of 6th Graders

All students entering 7th grade are required by Ohio school law to show proof of the following immunizations **BEFORE STARTING SCHOOL**:

- **TDaP** vaccine (to protect from Tetanus, Diphtheria and Pertussis)
- **Meningococcal (A, C, Y, W-135)** vaccine (to protect from Meningitis)

Any 7th grade student who has not had TDaP and Meningitis (A, C, Y, W-135) vaccinations will not be permitted to attend school until proof of these immunizations have 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.*

Both the required TDaP and Meningitis (A, C, Y, W-135) shots can be obtained at any time from now until the first day of 7th 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 these required immunizations are obtained, please provide a copy of your child's complete shot record, including the TDaP and Meningitis vaccination dates, to the school so your student's record can be updated.

If you have questions, please contact me at 330-877-4282, or via e-mail at 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.

Fax to LMHS: 330-877-7502, or e-mail LMHS, ATTN: Mary Conti, at contimary@lakelocal.org

Child's Name _____

Child's School **Lake Middle School**

Vaccination received - **TDaP** _____ Date _____

Vaccination received - **Meningitis** _____ Date _____

Signature of vaccine provider _____

Provider Printed Name _____