

TAYLOR HIGH SCHOOL

Mark Smiley, Principal - msmiley@trlsd.org Dan Perlman, Asst. Principal - dperlman@trlsd.org

Immunization Requirements for Incoming 12th grade Students

Dear Parent/Guardian of incoming 12th grade students,

Effective 2016-2017, 1 dose of Meningococcal shall be required at the entry of (7th) GRADE and the **Second Dose at the entry of (11th) Grade.**

All incoming 12th, grade students are required to show proof of having received the 2 doses of the Meningococcal vaccine by the beginning of the school year.

Student Name:		DOB
Grade:	School:	
Meningococcal:(Menactra and	MCV4,Menveo) Do	ose #1 Date given
Dose #2 Date given		** <u>This does not include Meningococcal B shot ***</u>
Doctor's Signature or print out		
Parent Signature:		

Please call your doctor for further questions regarding the vaccines. Your child could have already received these immunizations and we just need the date and documentation. Please schedule an appointment now if necessary!

These immunizations are required by Section 3313.671 and 3701.13 of the Ohio Revised Code. Proof of complete immunizations is required within 14 days after enrollment in school to prevent exclusion from attending.

Please return this form or an immunization copy from your child's doctor to the Three Rivers nurse's office before August 27th or sooner!

Thank You,

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Amanda Witterstaetter



Immunization Requirements for Incoming 7th grade Students

Dear Parent/Guardian of incoming 7th grade students,

Effective 2012-2013, 1 dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent vaccine) This dose is intended to be administered as a BOOSTER dose for students who have completed the required doses of the initial series of DTap/DT/Td vaccine.

Effective 2016-2017, 1 dose of Meningococcal (Menactra and MCV4, Menveo) shall be required at entry of (7TH) GRADE. <u>This does not include Meningococcal B.</u>

All incoming 7th, grade students are required to show proof of having received the Tdap and the Meningococcal vaccine by the beginning of the school year.

Student Name:		DOB
Grade:	School:	
Tdap: date given		_Meningococcal: date given
Doctor's Name:		
Parent Signature:		

Please call your doctor for further questions regarding the vaccines. Your child could have already received these immunizations and we just need the date and documentation. Please schedule an appointment now if necessary!

These immunizations are required by Section 3313.671 and 3701.13 of the Ohio Revised Code. Proof of complete immunizations is required within 14 days after enrollment in school.

Please return this form or an immunization copy from your child's doctor, to your child's school nurse's office by August 27th to avoid exclusion from attendance.

Thank You

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Amanda Witterstaetter RN