

WALLENPAUPACK AREA HIGH SCHOOL

PRINCIPAL Jim Kane Assistant Principals Kevin E. Kromko Delia Peppiatt DIRECTOR OF SCHOOL SECURITY John P. Clader 2552 Route 6 Hawley, PA 18428-7045 (570) 226-4557 Fax: (570) 251-3187

> COUNSELORS Emily Caccavale Diane Farro Catherine Garvey Shawn Knisely Denise Morgan

November 8, 2018

Dear Parent/Guardian:

We have made several attempts to contact you in regard to your child's immunization. As you may be aware, the Department of Health has changed the required vaccines that are necessary for entrance into school for all 12th graders. Currently, we do not have a record of your child's second MCV vaccine (for prevention of Meningitis). At this time, we need to have one of the following:

- If you believe your child has had the second dose, please contact your physician's office and have a copy of this record faxed to the school at 570-251-3157 within the next 5 days.
- If you child has not had this vaccine, please schedule an appointment with their physician and notify us of the date.
- If for religious, medical or personal beliefs you do not want your child to receive the vaccine please indicate this below.

Please check below and fax this form back to school 570-251-3157 or have your child return this form to the school. **Failure to respond to one of the following will result in your child being excluded from school beginning November 27, 2018**. If you have any other questions, please feel free to contact the school. If you would like more information on this new regulation or the vaccine itself please refer to the following web site: <u>www.dontwaitvaccinate.pa.gov</u> or speak with your child's pediatrician.

Child's Name: _____

,) My child had the v	accine and I will	contact the p	hvsician's c	office to sen	d it to the school
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-) My child has an appointment to have the vaccine on _____ (date)
-) At this time I would prefer my child to be exempt for:
-) Religious ()Medical ()Philosophical/Moral Reasons

Explanation: _____

Signed: _____

Physician's Signature for Medical Exemption Only: