

Ohio K-12 Parent Opt-Out Notice

To Whom It May Concern: Please take notice that pursuant to the Ohio Revised Code (“O.R.C. Ann.”) §§ 3313.60, 3313.73, 3313.674, 3313.671, 3313.602; 20 United States Code (“U.S.C.”) §1232(h); and 34 Code of Federal Regulations (“CFR”) 98, my child is to be excused and exempted for the current school year from the following school instruction and/or activities as indicated by the boxes checked below:

- Venereal Disease Education** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(5)(c), this shall serve as a written notice that my child is to be exempted from the teaching of any venereal disease, including HIV/AIDS, its symptoms, development, and treatment.
- Personal Safety & Assault Prevention (K-6)** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(5)(d), this shall serve as a written notice that my child is to be exempted from the teaching of personal safety and assault prevention.
- Suicide Awareness & Prevention (6-12)** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(5)(h), this shall serve as a written notice that my child is to be exempted from the teaching of suicide awareness and prevention.
- Safety Training & Violence Prevention (6-12)** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(5)(h), this shall serve as a written notice that my child is to be exempted from the teaching of safety training and violence prevention.
- Social Inclusion Instruction (6-12)** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(5)(i), this shall serve as a written notice that my child is to be exempted from the teaching of social inclusion instruction.
- First Aid: Cardiopulmonary Resuscitation (9-12)** – To the school principal: Pursuant to O.R.C. Ann. § 3313.60(8), this shall serve as a written notice that my child is to be exempted from instruction for cardiopulmonary resuscitation.
- Health Examinations** – To the health personnel providing health services at my child’s school: Pursuant to O.R.C. Ann. § 3313.73, this shall serve as written notice that my child shall be exempted from any medical examination by a school physician or the board of health. This exemption also includes dental examinations. (O.R.C. Ann. § 3313.68).
- Body Mass Index & Weight Screening** – To the board of education or governing authority: Pursuant to O.R.C. Ann § 3313.674(D), this shall serve as written notice that my child is to be exempted from undergoing any body mass index and weight screening.
- Immunization** – To the _____ County Health Department medical director or designee: Pursuant to O.R.C. Ann. § 3313.671, my child is to be exempted from the immunization(s) as indicated below based upon the following:
 - The administration of immunizing agents causes a conflict as a matter of conscience, including religious convictions. (O.R.C. Ann § 3313.671(B)(4)).
 - My child’s physician certifies in writing that such immunization against any disease is medically contraindicated. Therefore, my child should be exempt from the required immunization(s) for medical reasons.(O.R.C. Ann. § 3313.671(B)(5)). *(Please see attached statement from my child’s physician.)*
 - My child has had natural rubeola, so my child is exempt from receiving the rubeola vaccine. (O.R.C. Ann § 3313.671(B)(1)).

My child has had natural mumps, so my child is exempt from receiving the mumps vaccine. (O.R.C. Ann. § 3313.671(B)(2)).

My child has had natural chicken pox, so my child is exempt from receiving the chicken pox vaccine. (O.R.C. § 3313.671(B)(3)).

The immunization(s) for which my child is exempted are as follows:

All immunizations

List of applicable immunizations:

Pledge of Allegiance – Pursuant to O.R.C. Ann. § 3313.602(A), this shall serve as an acknowledgement that my child is not required to recite the pledge of allegiance. Additionally, the teacher shall prohibit any intimidation by other students or staff members to coerce participation.

Private Information – Pursuant to the Protection of Pupil Rights Amendment (“PPRA”) (20 U.S.C. §1232h) and to 34 CFR § 98.1 *et seq.*, absent my written consent, my minor child shall not be required to submit to a U.S.-Department-of-Education-funded-or-administered survey, analysis, or evaluation that reveals information concerning the following things (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):

- (1) political affiliations or beliefs of my minor child or me;
- (2) mental or psychological problems of my minor child or his or her family;
- (3) sexual behavior or attitudes;
- (4) illegal, anti-social, self-incriminating, or demeaning behavior;
- (5) critical appraisals of other individuals with whom respondents have close family relationships;
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers;
- (7) religious practices, affiliations, or beliefs of my minor child or me;
- (8) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).

Furthermore, pursuant to the PPRA, my minor child shall not be required to participate in the following U.S.-Department-of-Education-funded-or-administered *activities* without prior notification from the local educational agency (unless an exception in 20 U.S.C. § 1232h(c)(4) applies):

- (1) Activities involving the collection, disclosure, or use of personal information for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).
- (2) Any nonemergency, invasive physical examination or screening that is:
 - a. required as a condition of attendance;
 - b. administered by the school and scheduled by the school in advance; and
 - c. not necessary to protect the immediate health and safety of the student, or of other students.

The term “invasive physical examination” means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.

Please keep this signed, written notice on file in my child's cumulative folder.

Child's Name _____ Grade Level _____ Date _____

Parent/Guardian's Name(s) _____

Parent/Guardian(s) Address _____

Parent/Guardian's Signature(s) _____

Daytime/Evening Phone Number(s) _____

School Name _____ School District _____

Received by (Print Name) _____

Received by (Signature) _____ Date Received _____

Instructions and Information on Using the Ohio Parent Opt-Out Notice

THE OPT-OUT NOTICE MUST BE SUBMITTED EVERY YEAR

Note: These instructions are designed to assist you as a parent in completing the foregoing notice. These instructions should not be given to the school.

- 1) Check each box that applies to your concerns.
- 2) Attach any additional documents (e.g. letter from physician).
- 3) Make two copies of the completed notice. Then, sign and date each copy in ink.
- 4) Send the Opt-Out Notice to the school Principal by Certified Mail, Signature Requested (Preferred method). Alternatively, it could be sent by fax or any other method whereby delivery can be confirmed. The Principal's signature serves as proof of service. You do not need, nor are you asking for, the District's agreement or authorization. You only need proof that you delivered the Opt-Out Notice to the school.
- 5) Keep one copy (with the proof of service) for your family and ask that the school keep a copy in your child's school records (The cumulative file).
- 6) Educate your children to report to you attempts to compel them to participate in instruction or activities from which you have requested them to be opted-out.
- 7) Resubmit a copy of this Opt-Out Notice for each child when you enroll them for the next school year.

Feel free to make copies and share this Ohio Parent Opt-Out Notice with other parents.