

REQUEST FROM EXEMPTION FROM IMMUNIZATIONS

If you do not get immunizations due to your personal convictions we ask that you complete this form, sign it, and return it to us so we may have it on record.

I, _____, because of _____
_____ reasons do not get immunizations.

I attest to the fact that at this time I am free of any communicable or contagious disease. I understand and agree to leave the camp premises immediately should any of the diseases covered by immunizations occur while I am there. I am releasing Camp Mandaville from any responsibility for any impairment of health resulting because of this exemption.

Signature

Date

Signature of Parent/Guardian (if above individual is under 21 years of age)

Date