Immunization exemption -Consent of good health

Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief).

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If you choose not to have your chi	ild immunized for such reasons, we request that you do not
send your child to camp with a kn	own communicable illness or if exhibiting symptoms of a
potential illness and that the camp	per does not return until they are symptom free for 24 hours.
Please indicate your agreement to	this request.
Signature:	Date: