



Immunization Exemption Form

This form must be completed and uploaded to your camper's UltraCamp account.

I, the parent or guardian of _____, state that my child would like to participate in Camp Kittimaquundi and has not received the following vaccinations/ immunizations:

- Diphtheria / Tetanus / Pertussis Hepatitis B Polio
 Haemophilus Influenza Type B Measles/Mumps/Rubella Varicella (Chicken Pox)

On religious, philosophical, or medical grounds, I request exemption for me and/or my child from all vaccinations and/or immunizations required by Camp Kittimaquundi. In consideration of these exemptions, I understand that I accept complete responsibility for the health of my child, and I hereby release and agree to hold harmless Camp Kittimaquundi and any of its officers, agents, and representatives from any liability that might arise during camp activities by virtue of this exemption.

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of Camp Kittimaquundi.

Parent / Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____