

**REQUEST FOR IMMUNIZATION WAIVER 2023
Camp Juliette Low, Inc.**

Note: All campers must complete the immunization history within the Health History form in CampInTouch. This waiver request should only be completed if you have elected NOT to provide your child with one or more vaccines according to the immunization schedule recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics (AAP).

I/We, the parent(s)/legal guardian(s) of _____ (full name of child under 18 years of age) hereby acknowledge that my/our child is not vaccinated according to the immunization schedule recommended by the Centers for Disease Control (CDC) and the American Academy of Pediatrics, which includes the COVID-19 vaccines.

In the table below please initial next to vaccines that the child has not received according to the recommended immunization schedule. In the space provided, give the reason(s) for not adhering to the schedule (for example, allergy, specific medical contraindication, or other).

Initials	Vaccine	Reason not given according to recommended schedule
	COVID-19	
	DTaP or Tdap (Diphtheria, Tetanus, Pertussis)	
	MMR (Measles, Mumps Rubella)	
	IPV (Inactivated Polio Virus)	
	HIB (Haemophilus influenza type B)	
	PCV (pneumococcal conjugate)	
	Hep B (Hepatitis B)	
	Hep A (Hepatitis A)	
	Chicken Pox (Varicella)	
	MCV4 (Meningococcal Conjugate)	

The child's health care provider is asked to sign below to indicate that vaccine recommendations have been discussed with the parent and that the above information is accurate.

Signature of health care provider

Date

Position and Organization

Please initial next to "Acknowledged" to confirm that you have read and understand each statement:

I understand that a child who does not receive the recommended vaccinations is at risk of contracting those diseases and spreading those diseases to other persons.

Acknowledged _____

I understand that my request for a waiver may not be granted during an epidemic or threatened epidemic of a vaccine preventable disease. Acknowledged _____

I understand that my request for a waiver may not be granted if it is unreasonable, creates undue risk to the health and safety of others at camp, or creates undue hardship on others. Acknowledged _____

I understand that, if a waiver is granted for a vaccine, my child may be tested as needed for presence of infection. Acknowledged _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____