



Camp Manito-wish YMCA
Immunization Waiver Form
Signed by the Parent or Guardian

Name of Child: _____

I hereby request exemption for the child, named on the Physical Examination Record, from the immunization requirements of Camp Manito-wish YMCA Inc. for the diseases listed below. I understand that in a case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending or sent home for their protection or the protection of others.

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Smallpox | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Measles | <input type="checkbox"/> Anthrax |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Haemophilus influenzae type b | |

I hereby release Camp Manito-wish YMCA Inc. from any and all claims by us/me and/or my/our child which may arise as a result of the child's failure to have been immunized. I appreciate and fully understand the risks and benefits of the vaccines and the dangers which may occur as a result of my/our decision concerning our child's lack of immunization.

My child _____ may be given the tetanus vaccine if exposed and I/we are unable to provide consent. (Sign and date here if applicable.) _____

Signature

Parent or Guardian

Date

Parent or Guardian

Date