



**CAMP KETHCA
IMMUNIZATION EXEMPTION FORM**

As a parent/guardian of _____
(Child's name)

Date of birth _____,

I am requesting a waiver for the following immunizations:

- All required immunizations:
- Specific immunizations: DTAP I/OPV MMR
Varicella

I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of Camp Ketcha programs. The length of time my child will be kept out of Camp Ketcha programs may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of programs Camp Ketcha will not reimburse me for the time missed.

- I am requesting a waiver for:
- Sincere Religious Belief**
- Philosophical Reason**

My explanation is as follows:

Signed by: _____

Relationship to child: _____

Date: _____