



# Exemption From Health Exam and Immunization Requirement

### What is the purpose of this form?

Because our camp program has a potential for communicable diseases, exposure to dangers both from known and unanticipated risks, and activities that can be physically and emotionally strenuous we require that program participants receive a health exam conducted by a licensed health professional within the last 24 months and we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, smallpox, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not choose to have an exam conducted or conduct immunizations for reasons of personal choice (e.g., faith belief). This form is intended to capture information about individuals who have not had a health examination or full immunizations.

### Who should complete this form?

- A custodial parent/legal guardian of an underage camper who has not had a health examination within the last 24 months.
- An adult participant, including a staff member, who has not had a health examination within the last 24 months.
- A custodial parent/legal guardian of an underage camper who is not fully immunized.
- An adult participant, including a staff member, who is not fully immunized.

I requested that \_\_\_\_\_, enrolled in session \_\_\_\_\_ be exempted from the health exam required / immunization requirements for attendance at Camp Hantesa. The reason for this request is as follows: \_\_\_\_\_

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free to participate in all aspects of the camp program provided at or by Camp Hantesa, Camp Fire USA, except those listed here: \_\_\_\_\_

Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, an injury, or chronic condition affecting their participation in the camp program I agree that a physical examination may be performed. I also agree that if any such disease, injury, or condition is found, we – the named individual and his/her family – will comply with the quarantine or isolation, first aid, and emergency procedures required of the camp as directed by the state's Department of Health.

It is further understood that, should an emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp's administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge Camp Hantesa, Camp Fire USA, and each and every one of its officers, directors, employees, agents, insurers, affiliates, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the Released Parties) from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of \_\_\_\_\_.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness and treatment of \_\_\_\_\_ against the Released Parties.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_