Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of ___________________________________, state that my child would like to participate in the 4-H Camp, ________________________________, and has not received the following immunizations:

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

My child has not received the immunizations above because: ________________________________

______________________________________________________________________________________________

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 OSU Extension.

Parent/Guardian Printed Name: ________________________________
Parent / Guardian Signature: ________________________________
Date: ________________________________