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: ____________________________________________________________