

COVID-19 VACCINATION EXEMPTION FORM

- **Personal or Religious Belief Exemptions:** Camper stating his or her personal or religious belief(s) prohibit vaccination.
- **Medical Exemptions:** If camper has a medical condition preventing them from receiving the COVID-19 vaccine, please provide a Doctor's note, rather than filling out this form.

Camper does not wish to receive the COVID-19 vaccination for the following reason:

Personal/Religious

Camper family understands that camper shall be required to complete testing requirements and pre-camp COVID-safety actions, such as a screening questionnaire and limiting social interactions, as explained in our COVID Safety Program document.

Camper Name: _____

Camper Date of birth: _____

Parent/Guardian Name: _____

Signature: _____

Today's Date: _____