

## Exemption from Physical Examination and Immunization Requirements

**What is the purpose of this form?** Because our camp program has a potential for communicable diseases, we recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). This form is intended to capture information about individuals who are not fully immunized.

**Who should complete this form?**

- A custodial parent/legal caregiver/guardian of an underage camper who is not fully immunized.
- An adult participant, including a staff member, who is not fully immunized

It is respectfully requested that \_\_\_\_\_ (name of participant), enrolled at Camp \_\_\_\_\_ be exempted from the immunization or physical examination requirements of Girl Scout of Western Ohio Camps . The reason for this request is as follows:

To the best of my knowledge and belief, the individual listed above is, and has been in normal good health and is free from all communicable or contagious diseases. Should this participant manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious diseases, I agree that a physical examination may be performed. Also, I agree that if any such disease is found, the participant and their caregiver(s), will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should a communicable disease 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 Girl Scouts of Western Ohio and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, 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 \_\_\_\_\_ (name of participant).

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 \_\_\_\_\_ (name of participant) 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 there for.

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

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Printed Parent/Caregiver name:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

05-129-02/2023

