

# 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Diphtheria / Tetanus / Pertussis | <input type="checkbox"/> Hepatitis B                  |
| <input type="checkbox"/> Polio                            | <input type="checkbox"/> Haemophilus Influenza Type B |
| <input type="checkbox"/> Measles/Mumps/Rubella            | <input type="checkbox"/> 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: \_\_\_\_\_

