

Immunization Waiver

Rapidan Baptist Camp and Conference Center requires all of its campers to be immunized against polio, measles, mumps, rubella, diphtheria, pertussis (whooping cough), and tetanus according to H.H.S. standards. In the event that parents choose not to immunize their child, they must sign a statement releasing the camp from any liability due to exposure to any communicable disease (including any consequences from the withholding of tetanus immunization should their child sustain a cut or puncture wound while on the campsite). Any camper showing symptoms of or any exposure to the aforementioned diseases should not attend any camp events.

I, _____ (parent/guardian) have chosen not to immunize my child, _____, for _____ reasons. I release **Rapidan Baptist Camp and Conference Center, and any medical personnel chosen by them, from any liability due to exposure to any communicable disease (including consequences from withholding of tetanus immunization should my child sustain a cut or puncture wound while on the campsite).**

Week or days your child plans on attending (e.g. Junior I, or June 8-10 if only a partial week)

Signature of Parent/Guardian

Date

Parent/Guardian name

Parent/Guardian phone number

Physician's name

Physician's phone number

Please attach this form to your child's registration form or fax to Rapidan Baptist Camp at (540) 672-7275.