

## IMMUNIZATION EXEMPTION REQUEST

On religious, philosophical, or medical grounds, I request exemption for ☐ me and/or ☐ my child from all vaccinations and/or immunizations required by the BSA (found on [Scouting.org](http://Scouting.org) under Scouting Safely) for attendance to Camp \_\_\_\_\_ operated by the \_\_\_\_\_ Council, Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of ☐ me and/or ☐ my child, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) \_\_\_\_\_, (telephone) \_\_\_\_\_, will be notified immediately. In the event that this contact cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Parent/guardian signature

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

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



BOY SCOUTS OF AMERICA