



1415 Doerr Road, Quakertown, PA 18951
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IMMUNIZATION EXEMPTION REQUEST

I request _____ (camper's name) to be exempt from vaccination and/or immunizations required for attendance to Camp Men-O-Lan.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of this minor, and I hereby release and agree to hold harmless Camp Men-O-Lan and any of its staff members, agents and representatives from any liability which might arise during camping activities by virtue of this exemption. I further understand that should an emergency arise, I will be notified immediately. In the event that I cannot be reached, I hereby give permission for the physician selected by the Executive Director of Camp Men-O-Lan or his/her designate, to transport, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

By signing below, I accept that during the course of an outbreak of any of vaccine-preventable diseases, 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 Camp Men-O-Lan. In case of such event, Camp Men-O-Lan does not provide any refund nor pro-rate camp tuition.

Parent/Guardian's Name (print): _____

Parent/Guardian's Signature: _____

Date: _____