REQUEST FOR EXEMPTION FROM IMMUNIZATION

YOUTH FORM

I request _____age_____ of (city)_____ (state) _____ be exempt from all vaccination and/or immunizations required for attendance to Florida Sea Base operated by the 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, it is understood that I accept complete responsibility for the health of this minor, and we hereby release and agree to hold harmless, the Boy Scouts of America and any of its officers, agents and representatives from any liability which might arise during Scouting activities by virtue of this exemption. It is further understood that should an emergency arise, I will be notified immediately. In the event that the undersigned cannot be located immediately, the Boy Scout authorities may make such temporary measures as they deem necessary.

_____ _____

Signature of parent/guardian Print Name

Date_____

Relationship to youth: _____

Address_____

City_____ State_____ Zip_____

Home:_____ Office:_____ Mobile:_____

Sea Base Crew Number _____