

Please fill in the blanks, sign, and return with your child's health forms.

Winter Address
Friends Camp
25 Burleigh Street
Waterville, ME 04901

Friends Camp - Immunization Waiver

I _____ the parent of _____ wish to have him or her attend Friends Camp without having all of the required immunizations and shots because of religious and/or personal reasons. I understand all of the risked that can come from not having completed all of the required immunizations required under the laws of the State of Maine. I also agree to hold harmless Friends Camp and New England Yearly Meeting of Friends from any and all legal actions could come from our child's lack of immunizations.

I agree to have my child immunized if their is a particular risk of an epidemic during the time that she or he is at Friends Camp, if the camp's medical staff and local health officials agree that by not doing so will put your child and other people at risk of illness or death.

Signature: _____ Date _____

Print Name: _____

Address: _____

Phone Numbers: _____ & _____