



# South Burlington Recreation & Parks

## IMMUNIZATION EXEMPTION FORM

The South Burlington Recreation & Parks Department uses the standard immunization regulations for all participants in all its camps and programs, even though state law applies only to schools. If your child/ward is not fully immunized, we require this form to be completed. Your child may face exclusion from a South Burlington Recreation & Parks camp or program should a vaccine-preventable disease outbreak occurs.

**Complete this section, and the appropriate signature portion below, and submit to the South Burlington Recreation & Parks Department prior to your child's first day of camp**

**Name of Participant:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Exemption applies to the following vaccine(s):

- |  |                                  |                                |                                      |
|--|----------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> DTP/DTaP/DT/T | <input type="checkbox"/> Td/T    | <input type="checkbox"/> Polio | <input type="checkbox"/> MMR         |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> Rubella | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B |

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### Medical Exemption

The following vaccine(s) are medically contraindicated: \_\_\_\_\_

Reason for exemption: \_\_\_\_\_

This exemption shall continue until \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date** **Print name of Physician** **Telephone No.**

\_\_\_\_\_  
**Signature of Physician** **Date**

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### Religious Exemption

I request that immunization(s) be waived because they conflict with free exercise of religious rights.

\_\_\_\_\_  
**Signature of Parent (or participant if 18 yrs of older)** **Telephone No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

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### Moral (Philosophic) Exemption

I request that immunization(s) be waived because they conflict with free exercise of moral (philosophic) rights.

\_\_\_\_\_  
**Signature of Parent (or participant if 18 yrs of older)** **Telephone No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**