

South Burlington Recreation & Parks Department

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

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 |

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

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

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