

Janet T. Mills
Governor

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Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Youth Camp Immunization Record Form

This document serves as a record for the youth camp per 10-144 Chapter 208 Rules Relating to Boys, Girls, Boys & Girls, Day Camps and Primitive and Trip Camping.

Name of Child: _____ **Date of Birth:** ____/____/____
Last First M.I. Month/Day/Year

Parent/Guardian: _____

Phone: _____ **Email:** _____

Youth Camp Session Dates: _____
Start Date (Month/Day/Year) End Date (Month/Day/Year)

Please check one of the following:

- ☐ Immunization Record Attached
☐ Immunization Waiver:
 ○ (i.e. Religious, Philosophical, or Medical Exemptions)
I am requesting a waiver for the following immunizations:

- All required immunizations
 ○ The following specific immunizations:
 ○ Diphtheria, Tetanus, Pertussis
 ○ Polio
 ○ Measles/Mumps/Rubella
 ○ Varicella
 ○ Meningococcal disease

I understand that in the case of an outbreak of a specific disease, for which my child is not protected, my child may be kept out of school and school activities as advised by the Maine Centers for Disease Control and Prevention. The length of time my child will be kept out may vary from a week to over a month depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring but will make reasonable accommodations to assist my child in keeping up with classwork.

☐ No Immunization Forms Available

Parent/Guardian Signature _____ **Date:** _____