

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 _____