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Governor

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Commissioner

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Youth Camp Record Form for Partially Immunized or Unimmunized Campers

This document serves as a record for the youth camp per 10-144 CMR Chapter 208 Rules Relating to Boys, Girls, Boys & Girls, Day Camps and Primitive and Trip Camping. Youth Camps are required to maintain complete immunization records of campers (sample template page 24, 10-144 CMR Chapter 208 Rules).

Name of Youth Camp: _____ **Town:** _____

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

Name of Parent/Guardian: _____

Parent/Guardian Phone: _____ **Parent/Guardian Email:** _____

Child's attendance Session Dates: _____
Start Date (Month/Day/Year) End Date (Month/Day/Year)

My Child is **Not** Immunized for the following (**check all that apply**):

- ☐ Diphtheria, Tetanus, Pertussis
- ☐ Polio
- ☐ Measles/Mumps/Rubella
- ☐ Varicella
- ☐ Meningococcal disease

Basis for camper's partial or unimmunized status (**check all that apply**, or provide details in comments section):

- ☐ catch-up immunization schedule is in process
- ☐ Medical exemption
- ☐ Religious or Philosophical exemption

Comments:_____

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 camp or camp 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.

Parent/Guardian Signature_____ **Date:**_____

For camp Health Center use only. Approved by (name & title):_____ DATE: ___ _____