Kalamazoo Nature Center Camp

Unimmunized Child & Refusal of Treatment Waiver

Camper Name: _____
First Middle Last

Gender: Female/Male Birth Date: _____

If your camper has not been fully immunized, please sign the following statement. I understand and accept the risks to my child from not being fully immunized. To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state's Department of Health.

Signature of Parent/Guardian: _____Date: _____

Relationship to Camper:_____

Refusal of Treatment: I do not give permission to the Kalamazoo Nature Canter to order any medical treatments for my child. I accept full responsibility and hold the Kalamazoo Nature Center harmless for any lack of treatment.

Signature of Parent/Guardian: _____Date:_____