



What is the purpose of this form?

Girl Scouts meet in groups that vary in size and have potential for communicable diseases. We recommend that program participants are appropriately immunized for, at minimum, the following diseases: tetanus, mumps, measles, rubella, polio, smallpox, pertussis (whooping cough), and diphtheria. This being said, we recognize that some individuals may not be fully immunized for reasons that are biophysical (e.g., the individual is allergic to a serum component) or of personal choice (e.g., faith belief). This form is intended to capture information about individuals who are not fully immunized.

Who should complete this form?

- A custodial parent/legal guardian of an underage participant/camper who is not fully immunized.
- An adult participant, including a staff member, who is not fully immunized.

I request that _____, be exempted from the immunizations required for attendance at Girl Scouts of Suffolk County activities (indicate any and all that apply):

- Troop Meetings
- Troop Trips
- Service Unit Events & Trips
- Winter Break Camp
- Spring Break Camp
- Summer Camp

The reason for this request is as follows:

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.

It is further understood that, should a communicable disease emergency arise during troop activities, I will be notified by the troop leader. For camp activities, summer, winter break or spring break, I will be notified by the camp administrator. However, in the event that I cannot be contacted, the troop leader or camp's administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge Girl Scouts of Suffolk County and each and every one of its officers, directors, employees, agents, insurers, affiliates, attorneys, or any other person or persons associated with any or all of them or any variation in the name of any or all of them who might be liable (the Released Parties) from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness and treatment of

_____.

Name of Individual

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any current or future disputed or alleged claims or causes of action relative to the health, sickness and treatment of

_____ against the Released Parties.

Name of Individual

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Signature of Parent/Guardian: _____

Date: _____

Street Address _____

Phone Number _____