

CONNECTICUT FIELD HOCKEY CAMP LLC
PO Box 728
Storrs CT 06268

EXEMPTION TO IMMUNIZATION REQUIREMENTS

Name (Last, First, MI): _____
Date of Birth: _____
Home Address: _____ E-mail: _____
Home Phone: _____ Cell Phone: _____
High School: _____ Camp Start/End Dates: _____

Exempt immunization/testing (Check all that apply): <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Varicella <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Meningitis <input type="checkbox"/> OTHER: _____

Statement of Exemption to Immunization Law Medical Exemption

The physical condition of the above named individual is such that immunization would endanger life or health.

State reason(s) for requesting a medical exemption:

Signed: _____ Date: _____

Statement of Exemption to Immunization Law Religious Exemption

(Includes a strong moral or ethical conviction similar to a religious belief.)
The above named individual adheres to a religious belief whose teachings are opposed to such immunizations.

Signed: _____ Date: _____

I understand that exemption for either medical or religious reasons subject me to exclusion from camp/campus in the event of an outbreak of a disease for which immunization is required.

Signed: _____ Date: _____

Signed: _____ Date: _____
Parent or guardian if student is under 18 years of age.