

IMMUNIZATION WAIVER

Student's Name _____ **Date of Birth** _____

Today's Date _____

To Whom It May Concern:

This letter is a request to exercise my right to waive immunization requirements for my son/daughter, _____. This request is made based on my personal and philosophical beliefs.

I agree to hold harmless Maranatha Baptist University and Maranatha Camps in the event of any possible illness or injury resulting from waiving my immunization requirement. I also understand that in the event of a suspected case of measles, it would be necessary for my child to leave camp at that time.

Parent/Guardian Signature _____

Address _____

City _____ State _____ Zip _____