



# IMMUNIZATION EXEMPTION REQUEST

PLEASE PRINT

To Be Completed By Parent/Legal Guardian Annually

Note: Your child will NOT be disqualified from the program based on information provided here.

## YOUNG MARINE INFORMATION

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
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## IMMUNIZATION EXEMPTION REQUEST

I/We, the parent(s)/legal guardian(s) of the above-mentioned minor, hereby acknowledge that my/our minor is not immunized according to the immunization schedule recommended by the American Academy of Pediatrics on religious, philosophical or medical grounds. I/We request exemption from all indicated vaccinations and/or immunizations required by the Young Marines for participation in any capacity as a registered member of the organization. I/We understand that a medical evaluation and screening by a licensed healthcare practitioner is necessary for enrollment and continued involvement in the Young Marines organization, and that subsequent evaluations and screening may be required to maintain enrollment in the same.

I/We request that the above-mentioned child be exempt from the vaccine(s) below:

<input type="checkbox"/>	DTaP	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	HIB	<input type="checkbox"/>	HPV	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	IPV
<input type="checkbox"/>	MCV	<input type="checkbox"/>	MMR	<input type="checkbox"/>	PCV	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	Td/Tdap	<input type="checkbox"/>	Varicella		

I/We further recognize that my/our minor is at risk of contracting the disease(s) he/she in not immunized against and that should he/she contract any of these diseases he/she will be excluded from participating in the program until he/she is no longer contagious. I/We recognize that while many other minors in the Young Marines organization are immunized, this does not mean that the bacteria/viruses that cause these diseases are not present during Young Marines activities. In fact, it is likely that the bacteria/viruses are present as a natural part of life and may present a risk of infection to my/our minor. Recognizing these factors, as well as others discussed with my/our minor's health care provider, I/we have made the conscious choice not to immunize the above named minor and I/we hereby release and agree to hold harmless the Young Marines organization and any of its officers, agents, and representatives from any liability that might arise should, during Young Marines activities, my/our minor contract one or more of the diseases for which he/she has not been immunized against by virtue of this exemption. It is further understood that should an emergency arise, the minor's primary emergency contact, as indicated below, will be notified immediately. In the event this contact cannot be located immediately, the Young Marines authorities may take such temporary measures as they deem necessary for the safety of the minor and the safety of others.

Primary Emergency Contact Printed Name	Primary Emergency Contact Home Phone Number
Primary Emergency Contact Cell Phone Number	Primary Emergency Contact Email Address

## PARENT/LEGAL GUARDIAN AFFIRMATION

***I/We swear or affirm that the information in this exemption request is correct and that the vaccinations and/or immunizations to which I/we object conflict on religious, philosophical, or medical grounds.***

Parent or Legal Guardian Printed Name	
Parent or Legal Guardian Signature	Date
Parent or Legal Guardian Printed Name	
Parent or Legal Guardian Signature	Date