

**HoneyRock**  
**Outdoor Center for Leadership Development of Wheaton College**

**IMMUNIZATION EXEMPTION POLICY**

**All HoneyRock campers must show proof of immunity with respect to the following immunizations:**

- Measles, Mumps, and Rubella (proof of immunity would be two MMR vaccines or titers of each disease)
- Tetanus, Diphtheria, and Pertussis (covered by the Td, DT, DTP, DTap and Tdap vaccine series)
- Polio (either IPV or OPV series)
- Varicella (Chicken Pox)
- Hepatitis B series
- Meningitis (covered by meningococcal vaccine, Menactra, for those 11 years and older).

In addition, HoneyRock further recommends, though it does not require, immunizations for hepatitis A.

Occasionally, HoneyRock is asked to exempt a particular participant from its immunization requirements. Because we believe the entire camp population is best served when every camper is immunized, it does not favor exemptions. HoneyRock Health Center will, however, consider a request for exemption as it relates to the laws of Wisconsin under one or more of the following circumstances.

**1. Medical Necessity**

a. Medical Risk to the Camper. A camper may be exempted from one or more of the required immunizations based on a written statement by a licensed health care provider (MD, DO, PA or NP) that describes the nature and probable duration of a medical condition or circumstance that contraindicates such immunization(s) and that identifies the specific immunization(s) that could be detrimental to the camper's health.

b. Immunizations Scheduled, but Not Yet Completed. If a camper is on an approved schedule to receive all necessary doses of the required vaccines, the camper may be granted temporary medical exemption for the duration of the approved schedule.

Each exemption request will be considered on a case-by-case basis and a determination will be made whether to approve the request. Campers who are granted medical exemption must have the Immunization Waiver completed and signed by a parent AND physician to be recognized. The parent may be notified by the HoneyRock Health Center Coordinator for further clarification.

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**IMMUNIZATION WAIVER**

Date: \_\_\_\_\_ Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Camper Program/Event and Dates: \_\_\_\_\_

**Mark each immunization to which this waiver applies:**

Measles/Mumps/Rubella (MMR)

Polio

Diphtheria/Tetanus/Pertussis

Hepatitis A

Hepatitis B

Meningococcal

All of the above

Other \_\_\_\_\_

**A) Medical Exemption\* This must be signed by a licensed medical provider (i.e. MD, DO, PA, NP)**

State the nature and probable duration of the camper's medical condition or circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the specific immunizations that could be detrimental to the camper's health in light of his or her medical condition or circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Provider's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Address, Telephone Number or official stamp.

NOTE: Please note the medical professional may be contacted by the HoneyRock Health Center Coordinator for clarification.

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**IMMUNIZATION WAIVER (Cont.)**

I, \_\_\_\_\_, hereby request exemption based on the above information.

I represent and warrant that (1) I have consulted with a medical provider (MD, DO, PA, NP) with respect to the risks of refusing immunization, (2) I have been given the opportunity to discuss the risks of non-immunization with a health care staff at HoneyRock and either have done so or have declined to do so, and (3) I am aware that there are publicly available resources regarding the risks of non-immunization, including, for example, from the Centers for Disease Control and Prevention. See, for example,

<http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.html>  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/td-tdap.html>  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

**Please read the following carefully:**

I understand and agree that in the event of an outbreak of a vaccine-preventable disease or for other health-related reasons on the HoneyRock camp/campus or community, HoneyRock reserves the right to deny non-immunized campers access to camp activities or other camp facilities. Your child may be asked to leave camp, at your own expense. HoneyRock is not held responsible for lost class credit or finances in case of this public health event.

Understanding the risks of non-immunization, I hereby request this exemption as a free and voluntary act, without coercion of any kind. I further hereby assume each and every risk of non-immunization, and I release HoneyRock and all of its officers, directors, employees, and agents from, and agree never to assert a claim against them for any liability resulting from or in any way related to my decision not to be immunized.

Child Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of parent or guardian

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**OFFICIAL USE:**

Reviewed       Contacted       Scanned      Date \_\_\_\_\_