

Religious and Philosophical Exemption Form

Thank you for your interest in Skyview Ranch! Our goal is to provide a safe environment for all campers. In following with that goal, we ask that you read the following regarding immunizations for Ohio children. We ask that you complete this form and return it before your camper arrives for camp. Thank you for your understanding.

Ohio State law requires immunizations but there are provisions made for your child to be exempt from that law if you have religious or philosophical objections or if a physician certifies that it is medically contraindicated. These provisions are stated in the Amended Substitute Senate Bill N.282, Ohio Revised Code, and sections 3313.67 and 3313.671. The child who is not immunized must be excluded from camp in the event of an outbreak of a preventable, communicable disease for the duration of the outbreak.

Section 3313.671, part (3): A child who presents a written statement of his/her parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, part (4): A child whose physician certifies in writing that such immunizations against any disease is medically contraindicated is not required to be immunized.

I, the parent/guardian of _____, hereby object to the immunization(s) listed on the Skyview Ranch Registration Form for the following reasons (please mark all that apply)

- Religious Objection to immunization(s)
- Philosophical Objection to immunization(s)
- Physician recommendation (must provide in writing)

I further understand that in the event of an outbreak of any vaccine preventable disease that may occur at Skyview Ranch, the above named camper will be subject to exclusion from camp for the duration of the outbreak.

I understand this action is necessary not only to protect the camper, but the remainder of the campers and staff at Skyview Ranch.

Camper Name: _____

Camp dates planning to attend: _____

Address: _____

Phone: _____

Parent/guardian Signature: _____ Date _____