

BEREA MINISTRIES



Waiver of Immunizations

The State of NH requires campers and camp staff to provide documentation of all immunizations against: 1) diphtheria, tetanus, pertussis (DPT) or diphtheria, tetanus, acellular pertussis (DTaP) or tetanus, diphtheria, acellular pertussis (Tdap) , or if pertussis vaccine is medically contraindicated, then diphtheria-tetanus toxoid (DT/Td) 2) Four doses of trivalent polio vaccine, with the fourth dose administered on or after the 4th birthday and separated by 6 months from the 3rd dose 3) measles, mumps, rubella (MMR) vaccine 4) Three doses of hepatitis B vaccine 5) varicella vaccine 6) Haemophilus influenza Type b (Hib) (NH Code He- P 301.14). See attached form for additional guidance.

A camper or camp staff may be exempted by this statute in accordance with RSA 141-C:20-c, which states two scenarios in which exemption is granted:

1. "A physician licensed under RSA 329, or a physician exempted under RSA 329:21, III, certifies that immunization against a particular disease may be detrimental to the child's health. The exemption shall exist only for the length of time, in the opinion of the physician, such immunization would be detrimental to the child. An exemption from immunization for one disease shall not affect other required immunizations."
2. "A parent or legal guardian objects to immunization because of religious beliefs. The parent or legal guardian shall sign a notarized form stating that the child has not been immunized because of religious beliefs."

If you happen to fall under the first exemption, we need a letter from your physician stating that such immunization(s) would be detrimental to the child's health.

If you fall under the latter exemption, we need the parent or legal guardian to have the bottom of this form notarized stating immunizations have not been administered due to religious beliefs.

I, _____, have refused the administration of any of the immunizations which are stated above to my child _____, who will be coming to camp on the dates of _____, because of religious beliefs.

Parent/Guardian Signature: _____ **Date:** _____