

# Immunization & Medical Release

Child's Name \_\_\_\_\_

(PLEASE PRINT)

**State law will not allow a child to attend any portion of camp without immunization and medical release records on file.**

**Immunization: Please check the option below that you are using to satisfy the immunization requirement.**

1. \_\_\_\_ I have provided the MNS with a copy of my child's most current immunization record or an affidavit about immunizations for religious or medical reasons.
2. \_\_\_\_ My child's immunization record or affidavit is on file at another school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file (for children 4 yrs and older).

Name of School and Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

**Medical Release: Please check the option below that you are using to satisfy this requirement and sign and date at the bottom of the page.**

1. \_\_\_\_ Doctor's Statement: I have examined the above child within the past year and find that he/she is physically able to take part in **Discovery Camp**.

\_\_\_\_\_  
Name and address of physician, or address of screening site, or health clinic

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_ A signed and dated copy of a health care professional's statement (within the past year) is attached stating that your child has been examined and is physically able to take part in **Discovery Camp**.
3. \_\_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. \_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in **Discovery Camp**. Within the next 12 months, I will obtain a physician's statement, a copy of a medical screening from EPSDT, or a form/statement from a health service/clinic and will submit it to MNS.

\_\_\_\_\_  
Name and address of physician, or address of screening site, or health clinic

I hereby certify and attest that all the information provided herein is accurate and correct.