

**MERIDEN CONGREGATIONAL CHURCH
COMMUNITY CAMP
“transforming lives as a compassionate community”**

IMMUNIZATION WAIVER FORM

I, _____, parent of _____,
understand that my child has not had the following immunizations as required by
the New Hampshire Department of Health and Human Services public school
entrance rules:

I understand that, in the event of a communicable disease outbreak to which my
child is likely not immune (based on immunization and/or disease history), he/she
may be excluded from Meriden Community Camp participation until the threat of
transmission has passed. Decisions regarding this time frame will be made in
consultation with the New Hampshire Department of Health and Human Services
and/or a medical provider. The Camp will not refund tuition in the event of lost
attendance.