

Objection to Physical Examinations and/or Immunizations and Agreement to Procedure for Medical Emergency

I request that my child, _____

be excused from the camp requirements	s of physical examination	and/or all immunization
requirements as allowed by the Massach	nusetts Department of Pu	ublic Health regulation 105 CMR
430.153. Physical examinations and/or i	mmunizations conflict wi	th our religious beliefs.
To the best of my knowledge and belief	he/she is in normal good	d health and is free from all
communicable diseases.		
In the event of a situation which EcoTar	ium staff members consi	ider a serious medical
emergency, EcoTarium staff may take any emergency measures, including contacting or		
summoning emergency medical personn	nel, as they deem necess	ary. I understand that
EcoTarium staff will notify me as soon a	s is practical at the phon	e number listed below to
inform me of the situation and the meas	sures which have been ta	ıken.
X		
Parent/Legal Guardian Signature	Printed Name	Date