

**YOUTH
REQUEST FOR RELIGIOUS EXEMPTION
FROM MEDICAL CARE AND TREATMENT**

We request that _____ age _____ of
(city) _____, (state) _____ be exempt on religious
grounds from all vaccinations and/or immunizations required for attendance to Camp
_____ operated by the _____ Council, Boy Scouts of America.

We understand that a medical evaluation and screening by a licensed health care
practitioner is necessary to reduce the possibility of exposing other camp participants to a
communicable disease.

We further request that _____ be exempted from all medical
treatment en route to, from, and during this Scout encampment.

In consideration of these exemptions, it is understood that we accept complete
responsibility for the health of this minor, and we hereby release and agree to hold
harmless the Boy Scouts of America and any of its officers, agents, and representatives
from any liability that might arise during Scouting activities by virtue of this exemption.
It is further understood that, should an emergency arise, we will be notified immediately.
In the event that the undersigned cannot be located immediately, Boy Scouts of America
authorities may take such temporary measures as they deem necessary.

Signature of father (legal guardian)
Date _____

Signature of Mother (legal guardian)
Date _____

List telephone number(s) where either or both of the above signed legal guardians may
be reached in the event of an emergency:

Home _____
Office _____
Other _____