



York Parks & Recreation Department
Camper Immunization Record Form

This document serves as a record for the York Parks & Recreation Department and is required by all campers effective February 6, 2024.

Name of Camper: _____ Date of Birth: ____/____/____

Parent/Guardian: _____

Phone: _____ Email: _____

Camp Attending: _____

Camp Session Dates: _____

Please check one of the following:

Immunization Records Attached

Immunization Waiver (i.e. Religious, Philosophical, or Medical Exemptions)

Medical Exemptions must come from your primary care provider

For Religious & Philosophical Exemptions, please call (207)363-1040

A record of immunizations required:

- Diphtheria
- Measles
- Meningococcal Meningitis
- Mumps
- Pertussis
- Poliomyelitis
- Tetanus
- Rubella
- Varicella

I understand that in order to be eligible and to enroll in a York Parks & Recreation Department Day Camp the above immunizations are required unless an Immunization Waiver is submitted and approved by the department.

Parent/Guardian Signature: _____

Date: _____