

**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 \_\_\_\_\_