

# IMMUNIZATION RELEASE

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Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

To Whom It May Concern:

I understand that in compliance with Maryland State Law, Camp Sonshine requires attending campers to have received all of their immunizations. My child does not have all immunizations due to religious or medical reasons. My signature below confirms that Camp Sonshine will not be held liable for any complications as a result of this.

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Date)*