

# CAMP FOREST

PO Box 354 84 Payson Road

Brooks, Me 04921

207-722-3708

207-722-3809 (fax)

[camp@campforestmaine.com](mailto:camp@campforestmaine.com)

[www.campforestmaine.com](http://www.campforestmaine.com)



A project of Expanding Opportunities, a non-profit organization

## Parental Declaration

I \_\_\_\_\_ have chosen NOT to immunize my child,  
(parent or guardian name)

\_\_\_\_\_  
(child name)

Should I have my child immunized during the time my child attends Camp Forest or before my child repeats attendance at Camp Forest, I will provide a copy of the immunization record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date