

Please fill out this required Camp Cho-Yeh information request and return at registration.

Student Name: \_\_\_\_\_

**Please initial one of the following:**

\_\_\_\_\_ This camper has received all vaccinations required to attend public school (age-appropriate doses of TDap, Polio, MMR, Hepatitis A, Hepatitis B, Varicella, Meningococcal)

\_\_\_\_\_ This camper has not been vaccinated due to a religious or personal belief or medical necessity.

Parent/Guardian Signature: \_\_\_\_\_