

# SUMMER CAMP VACCINATION ATTESTATION

I, \_\_\_\_\_, have reviewed the  
**(PARENT NAME - PLEASE PRINT)**

attached age appropriate New Jersey Minimum Immunization requirements and attest that my

child, \_\_\_\_\_, has received  
**(CHILD NAME - PLEASE PRINT)**

the recommended vaccines.

Child's Date of Birth \_\_\_\_\_  
MONTH/DATE/YEAR

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE