



Nicklaus  
Children's  
Hospital



Dr. Moises Simpser

**VACC  
CAMP**

## COVID -19 Vaccination Information Disclosure

**Volunteer Name**

**Age**

Vaccinated

Not vaccinated

Please scan or take a photo of the COVID 19 vaccine certificates and submit it together with the filled application and all other forms included signed. If not vaccinated please explain why.

### Signatures of Parents of VACC Camp Volunteer

Parent 1 signature:

Print name:

Parent 2 signature:

Print name:

Volunteer name (minor)

### Signature of Volunteer (if 18 years or older)

Volunteer signature:

Print name:

Date: