

ATTESTATION OF CAMP OWNER/OPERATOR

I _____, am the legal owner and/or operator of
_____(“Camp”), located at
_____.

I acknowledge receipt of **Sullivan County Public Health Order No. 1 of 2019** pertaining to proof of measles immunization, or valid medical exemption, of all campers and staff members (the “ORDER”).

I attest to compliance with the ORDER as of the date set forth below.

I understand that I must submit immunization records for campers and camp staff to the Sullivan County Director of Public Health upon request.

If at any time I become aware that the Camp is not in compliance with the ORDER, I will immediately notify the Director of Public Health and take all steps necessary to come into compliance.

I further acknowledge my responsibilities to ensure compliance with the ORDER each time a new camper or staff member arrives at the Camp and to submit a separate Attestation at that time.

Dated: _____ **2019**

_____ [PRINT CAMP NAME]

_____ (CAMP STREET ADDRESS)

_____ (TOWN, NY ZIP CODE)

OWNER/OPERATOR NAME PRINTED

OWNER/OPERATOR SIGNATURE