



2019 Carbon Valley Camp Participant Forms

These forms are valid for the 2019 Carbon Valley Camp

CAMPER NAME: _____

Dear Parents/Guardians,

Thank you for participating in the 2019 Carbon Valley Camp program. This packet contains all of the forms you will need to complete prior to sending your child to camp. Please note that these are participant information forms, and are not registration forms. In order to register for a Carbon Valley Camp program, please visit us on our website or the Front Desk at the Carbon Valley Recreation Center. Only one packet of forms per child is required for the 2019 calendar year.

Find us online: <https://www.cvprd.com>

Please note: The included immunization form is the only acceptable form for immunization documentation per the Colorado Department of Health and Human Services, Child Care Division.

Form Check List 2019

*All forms are required unless otherwise marked:

- Camper Information Sheet 2019
- Camper Authorized Pick Up 2019
- Child's Social History Form
- Medical History & Information Form
- Camper Permissions
- Camper Permissions Continued
- Emergency Card
- Immunization Form



2019 Camper Information

Camper Information

Child's Full Name _____ Nickname _____

Child's Home Address _____ City _____ Zip _____

Gender M F Age _____ Date of Birth _____/_____/_____

Early Bird Discount Rates* And Enrollment Dates (Check One Or Multiple):

- | | |
|--|--|
| <input type="checkbox"/> Aloha Summer! Week 1, May 28 – May 31 (\$168 D, \$210 ND) | <input type="checkbox"/> Around the World! Week 7, July 8 – July 12 (\$210 D, \$263 ND) |
| <input type="checkbox"/> Pirates Ahoy! Week 2, June 3 – June 7 (\$210 D, \$263 ND) | <input type="checkbox"/> A Galaxy Far Far Away! Week 8, July 15 – July 19 (\$210 D, \$263 ND) |
| <input type="checkbox"/> Camp's Got Talent! Week 3, June 10 – June 14 (\$210 D, \$263 ND) | <input type="checkbox"/> Time Travelers! Week 9, July 22 – July 26 (\$210 D, \$263 ND) |
| <input type="checkbox"/> Superheros Unite! Week 4, June 17 – June 21 (\$210 D, \$263 ND) | <input type="checkbox"/> Animation Imagination Week 10, July 29 – August 2 (\$210 D, \$263 ND) |
| <input type="checkbox"/> Animal Planet! Week 5, June 24 – June 28 (\$210 D, \$263 ND) | <input type="checkbox"/> Wild and Wacky! Week 11 August 5 – August 9 (\$210 D, \$263 ND) |
| <input type="checkbox"/> Party in the USA! Week 6, July 1 – July 5 NO CAMP ON JULY 4th (\$168 D, \$210 ND) | |

***Last Day To Get The Early Bird Discount Rate is May 7, 2019. After this date the fees will return to full price.**

Parent/Guardian Information

Parent/Guardian Name _____ Preferred Phone # () _____

Home Address if Different _____ City _____ Zip _____

Additional Phone # () _____ Additional Phone # () _____ Email _____

Employer's Name _____ Employer's Phone # () _____

Employer's Address _____ City _____ Zip _____

Special Instructions for Reaching Parent/Guardian _____

Parent/Guardian Name _____ Preferred Phone # () _____

Home Address if Different _____ City _____ Zip _____

Additional Phone # () _____ Additional Phone # () _____ Email _____

Employer's Name _____ Employer's Phone # () _____

Employer's Address _____ City _____ Zip _____



2019 Camper Information

Authorization to Pick Up/Drop Off and Emergency Contacts

Please list people authorized to pick up/drop off your child from camp. In addition to the parents/guardians, these individuals will also be used as emergency contacts.

Name _____ Primary Phone # () _____

Relationship _____

Name _____ Primary Phone # () _____

Relationship _____

Name _____ Primary Phone # () _____

Relationship _____

Name _____ Primary Phone # () _____

Relationship _____

Name _____ Primary Phone # () _____

Relationship _____

Name _____ Primary Phone # () _____

Relationship _____



2019 Camper Social History

A description of your child's behavior and reaction to various incidents is desired. This information is kept confidential and will be reviewed by the Camp Director as a key to working with your child as an individual member of our program.

Information
Child's Name _____
Does your child have any emotional or behavioral problems and/or conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what steps have you taken to control this condition? _____
Describe your child's interaction with males _____
Describe your child's interaction with females _____
Child's favorite activity _____
Fears and dislikes _____
Award system used at home _____
Types of discipline used at home _____
Positive/negative school or camp experiences _____
Additional comments on child's history _____

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERNS YOU MAY HAVE WITH THE CAMP DIRECTOR



2019 Medical History & Information

Child's Name _____

Please check all illnesses that your child HAS had

- Chicken Pox Measles Rubella Hay Fever Rheumatic Fever Asthma Epilepsy
 Mumps Poliomyelitis Diabetes Whooping Cough

Please fill out the information below

Surgery/Accidents/Illnesses/Chronic Health Problems _____

Describe any physical or medical condition requiring special attention by staff _____

Current medications being taken _____

Check those allergies staff should be aware of and give the prescribed routine below

Food (type) _____ Insect Bites/Stings _____

Medications _____ Other _____

Date of most recent medical examination of this child _____ / _____ / _____

**PLEASE RECORD IMMUNIZATIONS AND DATE ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH
CERTIFICATE OF IMMUNIZATION FORM LOCATED IN THE BACK OF THIS PACKET**

Physician/Health Care Professional _____ Phone # () _____

Office Address _____

Medical Insurance Company _____ Phone # () _____

Group # _____

Dentist Name _____ Phone # () _____

Office Address _____

Hospital of Choice _____ Phone # () _____

Hospital Address _____

Any intolerance to drugs, medication, sunscreen or food? _____

This medical history and information is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities, unless otherwise stated.

Parent/Guardian Initial _____



2019 Camper Permissions

2019 Mosquito Repellant Permission

Children will apply repellant to themselves and under the direct supervision of camp staff before outdoor activities. Repellant should not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by day camp staff will be reported promptly to a parent/guardian. It is the parent's responsibility to provide repellant with the specific amount of DEET they wish their child to have. Every repellant should have your child's first and last name clearly labeled on the bottle. Carbon Valley Camp staff will apply REPEL with 9.50% of DEET and OFF Botanicals that does not have any DEET if repellant is not provided by parents. It is recommended that you use DEET to protect against West Nile Virus.

Child's Name

Name of Repellant with % DEET (if providing your own)

Signature of Parent/Guardian

_____/_____/_____
Date

2019 Emergency Medical Service Release

I hereby give my permission to the Carbon Valley staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the Carbon Valley staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

Signature of Parent/Guardian

_____/_____/_____
Date

2019 Sunscreen Permission

Children will apply sunscreen to themselves under the direct supervision of camp staff, 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by camp staff will be reported promptly to a parent/guardian. It is the parent's responsibility to provide sunscreen with the specific amount of SPF they wish their child to have. Please have your child's first and last name clearly labeled on the bottle. Carbon Valley Camp staff will apply Equate Sunscreen (SPF 50+) and Rocky Mountain Sunscreen Kids SPF 50+ if sunscreen is not provided by parents.

Child's Name

Name of Sunscreen and SPF # (if providing your own)

Signature of Parent/Guardian

_____/_____/_____
Date

Transportation/Field Trip Authorization

I hereby give permission for my child to go on field trips away from the Carbon Valley Recreation Center through the Carbon Valley Camp program whether on foot, school bus, bicycle or by Carbon Valley vehicles.

I give permission for my child to participate in all Carbon Valley Camp activities with the following exceptions: _____

Signature of Parent/Guardian

_____/_____/_____
Date



Camper Permissions

Movie Release

I hereby give permission for my child to watch G/PG rated movies during the Carbon Valley Camp program.

_____/_____/_____
Signature of Parent/Guardian Date

2019 Summer Camp Parent Manual - Release Statement of Understanding

By signing below, I agree that I have received a copy of the 2019 Summer Camp Parent Manual. I understand that it is my responsibility to read the guidelines set forth by the Carbon Valley Parks and Recreation District and uphold them to the fullest. The 2019 Summer Camp Parent Manual is also available online at <https://www.cvprd.com>

Print Parent/Guardian Name

_____/_____/_____
Signature of Parent/Guardian Date

OPTIONAL: 2019 Bike/Walk to and/or from Carbon Valley Camp Permission

Must be 10 years of age or older

My child _____ is 10 years of age or older and has my permission to bike or walk to/from Carbon Valley Camp and be released on his/her own. He/she will be responsible for signing him/herself into and/or out of camp each day. I agree that the Carbon Valley Parks and Recreation District and its employees will not be responsible for the welfare of my child before camp and once released to go home.

_____/_____/_____
Signature of Parent/Guardian Date

Nature Walks And Walking Field Trips

I allow my child to participate in supervised nature walks and walking field trips within one mile area surrounding the Carbon Valley Recreation Center.

_____/_____/_____
Signature of Parent/Guardian Date

Swimming Permission

I allow my child to participate in supervised swimming activities at the Carbon Valley Recreation Center.

_____/_____/_____
Signature of Parent/Guardian Date

Risk and Release

I agree and acknowledge that the activity for which I have completed the designated registration form involves an inherent risk of injury that cannot be protected against by the Carbon Valley Parks and Recreation District (CVPRD), its staff, contractors or assistants. Therefore, I assume all risk involved or associated with the activity. To the fullest extent permitted by law, I indemnify, hold harmless and release CVPRD, its staff, contractors and assistants from and against any and all liability, claims, loss or damage to property or person resulting from participation in the activity/rental. By signing this form I affirm that I have willingly decided to participate in the activity/rental and agree to all of the above terms and conditions. In addition, by signing I agree to give CVPRD permission to publish in print, electronic or video format, the likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

_____/_____/_____
Signature of Parent/Guardian Date

I would like to opt out of allowing CVPRD permission to publish in print, electronic or video format, the individual likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

_____/_____/_____
Signature of Parent/Guardian Date



Complete all areas of this Emergency Card. Please keep writing in the boxes, as it will be cut and laminated along the outside lines.

2019 CAMPER EMERGENCY INFORMATION CARD		
CHILD'S LAST NAME	CHILD'S FIRST NAME	BIRTHDATE (MM/DD/YY) AGE
CHILD'S HOME ADDRESS		GENDER <input type="checkbox"/> M <input type="checkbox"/> F
CITY	ZIP	HOME PHONE
PARENT/GUARDIAN'S NAME	HOME PHONE	ALT PHONE
PARENT/GUARDIAN'S NAME	HOME PHONE	ALT PHONE
AUTH. TO PICK UP/EMERG CONTACT	CONTACT ADDRESS	CONTACT PHONE
AUTH. TO PICK UP/EMERG CONTACT	CONTACT ADDRESS	CONTACT PHONE
AUTH. TO PICK UP/EMERG CONTACT	CONTACT ADDRESS	CONTACT PHONE
HEALTH CONCERNS, ALLERGIES, BEHAVIORAL CONCERNS, FEARS/DISLIKES		

FOLD HERE

PHYSICIAN'S NAME	ADDRESS	PHONE
DENTIST'S NAME	ADDRESS	PHONE
HOSPITAL OF CHOICE	ADDRESS	PHONE
MEDICAL INSURANCE CO.	GROUP POLICY #	PHONE
HEIGHT	WEIGHT	EYE COLOR
		HAIR COLOR
<p>I hereby give my permission to the Carbon Valley staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the Carbon Valley staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.</p>		<p>OPTIONAL: SECURELY TAPE A RECENT, UP- CLOSE PHOTO HERE</p>
<p>_____</p> <p style="text-align: center;">Signature of Parent/Guardian</p> <p>_____/_____/_____ Date</p>		

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO
Department of Public
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Vaccine	Immunization date(s) MM/DD/YY	Titer date* MM/DD/YY
Hep B Hepatitis B		
DTaP Diphtheria, Tetanus, Pertussis (pediatric)		
Tdap Tetanus, Diphtheria, Pertussis		
Td Tetanus, Diphtheria		
Hib <i>Haemophilus Influenzae</i> type b		
IPV/OPV Polio		
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella		
Measles		
Mumps		
Rubella		
Varicella Chickenpox		

Varicella - date of disease	Varicella - positive screen date
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

Vaccine	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
Rota Rotavirus	
MCV4/MPSV4 Meningococcal	
Men B Meningococcal	
Hep A Hepatitis A	
Flu Influenza	
Other	

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____



Immunization

Non-Medical Exemption Form (Religious and Personal Belief)

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children's lives every year. The Colorado Department of Public Health and Environment strongly supports vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all children, the benefits of preventing disease with a vaccine far outweigh the risks. Declining to follow the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) immunization schedule for number, space and timing of doses, may endanger an unvaccinated child's health and others who come into contact with him/her. Some vaccine-preventable diseases are common in other countries and unvaccinated children could easily get one of these diseases while traveling or from a traveler.

Colorado law C.R.S. 5 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. Prior to kindergarten, a non-medical exemption must be filed each time a student is due for vaccines according to the schedule developed by the ACIP.^{1,2} From kindergarten through 12th grade, a non-medical exemption must be filed every year during the student's school enrollment/registration process¹. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Type of Non-Medical Exemption Claimed: Personal Belief Religious

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:
Phone Number:	Grade of Student:	

¹ Colorado Board of Health rule 6 CCR 1009-2: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7223&fileName=6%20CCR%201009-2>.

² 2017 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/imz/downloads/patient-ver-sch-0-6yrs.pdf. Based on this schedule, a non-medical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

Vaccine Preventable Disease Information

The information provided below is to ensure parents/guardians/students are informed about the risks of not vaccinating.

Diphtheria, tetanus, pertussis (DTaP, Tdap) - Unvaccinated children may be at increased risk of developing diphtheria, tetanus and/or pertussis if exposed to these diseases. Serious symptoms and effects of diphtheria include heart failure, paralysis, breathing problems, coma, and death. Serious symptoms and effects of tetanus include "locking" of the jaw, difficulty swallowing and breathing, seizures, painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis (whooping cough) include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

Haemophilus influenzae type b (Hib) - Unvaccinated children may be at increased risk of developing invasive Hib disease if exposed to this disease. Serious symptoms and effects include bacterial meningitis, pneumonia, severe swelling in the throat, brain damage, deafness, infections of the blood, joints, bones, and covering of the heart, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.pdf>

Hepatitis B - Unvaccinated children may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects include jaundice, life-long liver problems such as liver damage, scarring, liver cancer, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>

Inactivated poliovirus (IPV) - Unvaccinated children may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects include paralysis of muscles that control breathing, meningitis, permanent disability, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

Measles, mumps, rubella (MMR) - Unvaccinated children may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include pneumonia, seizures, brain damage, and death. Serious symptoms and effects of mumps include meningitis, painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a pregnant woman gets rubella, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

Pneumococcal conjugate (PCV13) - Unvaccinated children may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects include pneumonia, lung infections, blood infections, meningitis and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf>.

Varicella (chickenpox) - Unvaccinated children may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects include severe skin infections, pneumonia, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

Required Vaccines for School Entry - Place an "X" next to each vaccine you are declining.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV13)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

Statement of Exemption

I am the parent/guardian of the above-named student or am the student himself/herself (emancipated or over 18 years of age) and am declining the vaccine(s) indicated above due to a religious or personal belief that is opposed to vaccines. The information I have provided on this form is complete and accurate.

- I may change my mind at any time and accept vaccination(s) for my child/myself in the future.
- I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, or www.ImmunizeforGood.com for additional information on the benefits and risks of vaccines and the diseases they prevent.
- I can contact the Colorado Immunization Information System (CIIS) at www.ColoradoIIS.com or my health care provider to locate my child's/my immunization record.³

I acknowledge that I have read this document in its entirety.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

³ Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to www.colorado.gov/cdphe/ciis-opt-out-procedure. Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.