

Children's forms

All the requested information on the enclosed forms is required by the state of Colorado. The following is an explanation for completing the forms. Please do not change any of these forms.

- ★ Children's Camps - Children's Records Form
This form is a checklist that must be completed by you. It lists all the information required by the State of Colorado and will help you determine if you have all that is required.
- ★ Camper Registration,
Authorization for Emergency Medical Care,
Authorization to Participate or Exclude Participation in Camp Activities
It is essential that all the information requested be given.
- ★ Health Statement
The child is required to have a physical within 24 months of the camp.
This form must be completed and signed by a physician or nurse practitioner prior to the camp.
- ★ Immunization Form
The state requires a copy of this form for residents of Colorado.
For those who reside outside of Colorado you may ask your physician or nurse practitioner to complete this form.
- ★ World Impact Ministry Release and Waiver of Liability
This form must be completed, front and back, for all persons who visit our property. Only one form is necessary per family, in the case of siblings attending or when parent and child attending. This form cannot be signed by a child.
- ★ Abuse reporting form
This is a letter from the State of Colorado giving the parents phone numbers to report suspected child abuse while at Deer Creek.

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services require that the following information be obtained from campers and be kept on file in the camp office.

Camper Registration

Name of camp group _____ Camp dates _____

Camper's name _____ Date of Birth _____

Home address _____ City _____ State _____ Zip _____

Father's (or guardian's) name _____

Home address (if different from the child's) _____ Home phone # _____

Place of employment _____ business phone # _____

Employment address _____

Mother's (or guardian's) name _____

Home Address (if different from Child's) _____ Home phone # _____

Place of employment _____ business phone # _____

Employment address _____

How may persons responsible for the child be reached while the child is at camp? _____

If neither parent or guardian can be located, in case of emergency call _____

Persons designated to take child from camp (include name, address and phone if not above) _____

Persons not permitted to take child from camp _____

Doctor's name _____

Address _____ Phone # _____

Dentist's name _____

Address _____ Phone # _____

Authorization for Emergency Medical Care

I hereby give my permission to camp officials 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 _____ (name of child).

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Parent(s) or Guardian(s) signature _____ Date _____

Authorization to Participate or Exclude Participation in Camp Activities

I hereby give permission for my child to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in all camp activities with the following exceptions: _____

Parent or Guardian Signature _____ Date _____

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services require that the following information be obtained from campers and be kept on file in the camp office.

Camper's Health Statement

Camper Name _____ Date of Birth _____

Date of last visit to physician or examination within 24 months of camp _____

This child is planning to attend a residential or a trip camp, away from his/her home and probably distant from medical care.

The camp must have a health supervisor who, as a minimum has completed an advanced first aid course. Your response to these questions will help in the care of the

Past history of serious lacerations, injuries, or illnesses communicable diseases or surgeries: _____

Allergies: _____

Penicillin or other drug reactions: _____

Medication now being used by child or special dietary requirements: _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: _____

Signature of Physician or Nurse Practitioner: _____

Date _____ Address _____

Immunization form attached must be completed per Human Services of the State of Colorado.

When completed please attach to this form.

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

VACCINE		Enter date each immunization was given			
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	<i>Haemophilus influenzae</i> type b				Required for children < 5 yrs. of age. See footnote "j" below.
Measles	Measles				Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio and hepatitis B is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.
Mumps	Mumps				
Rubella	Rubella				
HB	Hepatitis B				
Varicella	Chickenpox				History of disease. Yes _____ year (optional) _____ (See footnote "e" below)
Other					

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____ Title _____ Date _____
 (Physician, nurse or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student						
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4*	5 b,+,c,*	
Tetanus/Diphtheria	1	2	3	3	4*	5 b,+,d,*	
Polio ^e	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella ^{g,h,+}				1	1	2 h	2 h,j
<i>Haemophilus influenzae</i> type b ⁺	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B ^{g,+}	1	2	2	2	3	3 k	
Varicella ^{g,+}					1 g	1 g	
Pneumococcal Conjugate ^{g,+}	Delayed implementation						

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps and Rubella (MMR-second dose), Hepatitis B (HB) and Varicella (VAR).

Footnotes: (at school entry = newly entering a Colorado school)

*: The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines are temporarily suspended, effective 4/12/2001.

+: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

a: Delayed implementation of pneumococcal conjugate for children up to 24 months of age attending child care or preschool.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required **at school entry in Colorado** unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d: Any student ≥ 7 years **at school entry in Colorado** who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given > 6 months after the 2nd dose.

e: For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f: Four doses of polio vaccine are required **at school entry in Colorado** unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required.

g: The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j: The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12-14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.

k: Ages 11-15 only; hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

Name _____ Date of Birth _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Medical exemption to the following vaccine(s).

Signed _____ Date _____ Optional to list: _____
(Physician)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Religious exemption to the following vaccine(s).

Signed _____ Date _____ Optional to list: _____
(Parent, guardian, emancipated student/consenting minor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Personal exemption to the following vaccine(s).

Signed _____ Date _____ Optional to list: _____
(Parent, guardian, emancipated student/consenting minor)

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Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR SELECTED IMMUNIZATIONS FOR GRADES K-12.

Below is a partial chart of specific immunization requirements. By 2003-2004, Hepatitis B (HB) vaccine series will be required for K-12; by 2006-2007 Measles, Mumps and Rubella (MMR) vaccine (second dose) will be required for K-12 and by 2012-2013 Varicella (VAR) vaccine will be required for grades K-12. The school year is July 1 through June 30. In this table, after a vaccine is required for grades K-12 it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2001-2002	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB			MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2
2002-2003	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB		MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2003-2004 HB required for K-12	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2004-2005	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR			MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2005-2006	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR		MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2006-2007 MMR required for K-12	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2007-2008	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR					
2008-2009	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR				

**WORLD IMPACT MINISTRY RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT (A)**

In consideration of being permitted to attend any World Impact, Inc. (or World Impact subsidiary) activity or enter onto the property of, or into any facility for any purpose, including, but not limited to observation, use of facilities of equipment or participation in any way, or of being transported to or from an activity, the undersigned hereby acknowledges, agrees and represents that he or she has or immediately upon entering will, inspect such premises, activities, equipment, or facilities. It is further warranted that such entry into World Impact's property for observation, participation, or use of any facilities or equipment constitutes an acknowledgment that such premises, activities, and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation, use, or participation.

In further consideration of being permitted to attend any World Impact activity or enter onto World Impact property for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges, and covenants not to sue World Impact, Inc. or any of World Impact's subsidiaries, board of directors, employees, agents, or volunteers (hereinafter referred to as 'releasees') from all liability to the undersigned for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities therein, or involved in any activity carried out by the releasees.

The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they may incur due to the activity or presence of the undersigned in any of the releasees activities or in any way observing or using any facilities or equipment of the releasees including transporting to or from an activity whether caused by the negligence of the releasees, or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while involved in any activity of the releasees or in, about or upon the premises of the releasees and/or while using the premises or any facilities or equipment hereon, including transportation to or from an activity.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned grants permission to use pictures and quotations of the undersigned (or minors listed below) while involved in activities of the releasees to be used in promotional material generated by the releasees.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees no oral representations, statements or inducement apart from the foregoing written agreement have been made.

The undersigned understands that the above release and waiver of liability and indemnity agreement applies to any minor under custodial care whose names are listed below. The undersigned further gives permission for any child listed below to be transported to and from any activity.

Should a practicing doctor deem it necessary, in case of illness or injury, World Impact (or its subsidiaries), or any of its staff, has full consent of the undersigned to give consent for all medical treatment, including surgery for the undersigned or for any minor listed below.

I HAVE COMPLETED THE INFORMATION ON THE BACK SIDE COMPLETELY AND HAVE READ THIS RELEASE.

Signature of Applicant	Printed Name of Applicant	Date
<u>FAMILY INFORMATION (Please print)</u>		
Applicant's Printed Name	Relationship to Child(ren)	
Address	Day Phone Number	Night Phone Number
City	State	Zip

NAMES OF MINOR CHILD(REN)

<u>Name</u>	<u>DOB</u>	<u>Allergies</u>	<u>Social Security Number</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

INSURANCE INFORMATION (Please print)

Name of insured _____ Social Security # _____

Insurance Co _____

Employer's Name _____

Employer's Phone Number _____

Family doctor _____ Phone # _____

Medical/Medicare insurance number _____

EMERGENCY INFORMATION

If parent or guardian cannot be reached contact: (Please print)

Primary Contact _____ Relationship _____

Day Phone _____ Night Phone _____

Secondary Contact _____ Relationship _____

Day Phone _____ Night Phone _____

Minimum Rules and Regulations for Children's Camps issued by the Division of Child Care of the Colorado Department of Human Services require that the following information be given to parents of children ages 16 and under.

Dear Parents:

Your child was recently enrolled in a child care program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. **If you have not done so, please ask to see the license and the last facility inspection.**

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasion, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse in your county is listed below.

Arapahoe County Department of Social Services	303-636-1750
Adams County Department of Social Services M-F	303-412-8121
After 4:30 PM and Weekends	303-412-5212
Douglas County Department of Social Services	303-688-4825
Jefferson County Department of Social Services	303-271-4357 <u>OR</u> 4131
Clear Creek County Department of Social Services	303-569-3251 Ext. 365
Gilpin County Department of Social Services	303-582-5444
Park County Department of Social Services	719-836-2771

Colorado Law requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's education, physical, emotional, and social development will be nurtured in a well-planned and run program. Remember to observe the program regularly, especially with regards to children's health and safety, equipment and play materials, and staff. For additional information regarding licensing, or if you have concerns about a child care facility, or if you would like to review a licensed facility file, please consult the Colorado Division of Child Care at 1575 Sherman Street, Denver, Colorado 80203-1714 or call 303-866-5958 or 1-800-799-5876.

To review a file for a licensed child care facility please call 303-866-5088.