



# Health & Release Form

## Camper Info

Last Name		First Name	
Address		<input type="checkbox"/> Male <input type="checkbox"/> Female	
City, State, Zip			
Email Address		Home Phone	
Birth Date (MM/DD/YYYY)		Social Security #	
Camp or Group Name		Camp Dates	

- Please print neatly and complete both pages of this form and the Colorado immunization form
- Both the **parent / guardian signature** and the **physician's signature** are required
- We recommend that you keep a photocopy of this completed form for your records
- Return the completed forms to us before the start of the camp or at time of your arrival

## Emergency Contacts

Father / Guardian	Name	Home Phone	Email Address
	Address if Different	Cell Phone	Place of Employment
	City, State, Zip	Work Phone	
Mother / Guardian	Name	Home Phone	Email Address
	Address if Different	Cell Phone	Place of Employment
	City, State, Zip	Work Phone	
Emergency Contact	Name	Home Phone	Email Address
	Address if Different	Cell Phone	Place of Employment
	City, State, Zip	Work Phone	
Adults other than listed above authorized to take child from camp: _____			

## Insurance

Insurance Company	Name	Address	Plan Number
	Phone	City, State, Zip	Group Number
Family Doctor	Name	Address	<b>Note:</b> All campers are covered during their stay by Camper Excess Medical Insurance and subject to the limits thereof. Individual Insurance is primary.
	Phone	City, State, Zip	

## Acknowledgement of Risk and Release

In case of emergency, I understand every reasonable effort will be made to contact me. **In the event I cannot be reached, I hereby give my permission to the Nurse or Physician selected by the Camp Redcloud Director to hospitalize and secure medical treatment (including surgery) for my child.** I also give my permission for the above listed camper to participate in all scheduled activities both on and off camp property (if there are any activities you do not permit your child to participate in, please note in the "comments" section on page 2).

I understand that my child and/or I will be doing some or all of the following activities and that there are additional physical risks associated with each of these activities. I acknowledge and assume all of the risks for my child and me associated with all camping activities as well as the additional physical risks for my child and me associated with each of the following activities:

- |                    |  |                     |                               |
|--------------------|--|---------------------|-------------------------------|
| Mountain Biking    | Rock Climbing                                  | Horseback Riding    | Peak Climbs                   |
| Rappelling         | Hiking   | Overnight Camp Outs | Backpacking                   |
| High and Low Ropes | Cross-Country Skiing                           | Snowshoeing         | Broomball                     |
| Canoeing           | Transportation to and from off site activities |                     | Other camp related activities |

The undersigned further releases Camp Redcloud, its directors, employees and volunteers from any and all actions, causes of actions, liabilities, claims, demands, costs and attorney's fees incurred by me by reason of any damage, loss, injury, or suffering which may occur on or in connection with Camp Redcloud activities. Further, the undersigned agrees to indemnify and save harmless Camp Redcloud, Inc., its directors, employees and volunteers against any and all liability, loss, damages, costs and expenses which the said Camp Redcloud, Inc., its directors, employees and volunteers or any of them may hereafter suffer or incur by reason of any claim for personal injury or property damage or claims of any kind or nature whatsoever made by any person including the camper identified above, arising out of injuries or damages or both sustained by the camper identified above as a result of any injury, illness or both sustained by said camper above identified which may occur on or in connection with activities of Camp Redcloud, Inc.

**Photo/Video Release:** I also give permission to Camp Redcloud, Inc. and their designated associates and agents to use any photographs or video footage taken of my child and/or me in any way they deem reasonably appropriate.

**Parent / Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health History**

Does your child have any **health problems** that we should know about?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Communicable diseases, serious illness or operations: \_\_\_\_\_

**Allergies** (Medications, food, or other): \_\_\_\_\_

If your child is on a **special diet**, describe diet needed \_\_\_\_\_

Anything we should know to protect your child? \_\_\_\_\_

Redcloud stocks the following over-the-counter medications. Please indicate which medications you prefer Redcloud staff to administer to your child if needed. (Please initial below)

\_\_\_ Ibuprofen (*Advil*) \_\_\_ Acetaminophen (*Tylenol*) \_\_\_ Antacids (*Tums*) \_\_\_ Pepto-Bismol \_\_\_ Diphenhydramine (*Benadryl*)

**Physician's Exam & Medication Authorization**

**PHYSICIAN'S EXAM & MEDICATION AUTHORIZATION**  
THIS SECTION MUST BE COMPLETED BY A DOCTOR

***You must have proof of a physical to attend camp! Have your physician complete this section of the form.***

We are also required to have a physician's authorization to administer **ANY** medications (including over-the-counter and vitamins) to your child. We are also required to contact a parent or guardian for permission to dispense any medications that are not specifically listed on this form. **Medications must be in the original container, or they will not be administered.** Medications will be administered according to the instructions printed on the container or a physician's direct or standing orders.

Please list below any **prescription and over-the-counter medications** that will/may be taken while at camp:

Medication Name	Taken For	Dose	Time / Frequency

\_\_\_\_\_ was given a physical examination on \_\_\_/\_\_\_/\_\_\_ (Must be within 12 months of camp). He / She was found to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular program except as follows (please be specific): \_\_\_\_\_

**Physician's Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician's Printed Name	Address
Phone	City, State, Zip

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note from Redcloud:** Colorado law requires this form to be completed and provided to Redcloud for all campers. If you have already completed this form for a Colorado school, a photocopy is acceptable. Otherwise, please ask your physician to complete this form and return it to us with your completed health 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.
Mumps	Mumps				
Rubella	Rubella				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.
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.

**DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET**

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 18-23 mos	Pre-school 24-35 mos	Pre-school 3-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4*	4*	4*	5 <sup>b,+</sup> ,c,*	
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5 <sup>b,+</sup> ,d,*	
Polio <sup>e</sup>	1	2	2	2	3	3	3	4 <sup>f,+</sup>	
Measles/Mumps/Rubella <sup>e,g,+</sup>				1	1	1	1	2 <sup>h</sup>	2 <sup>h,i</sup>
Haemophilus influenzae type B <sup>+</sup>	1	2	2	3/2/1 <sup>i</sup>	3/2/1 <sup>i</sup>	3/2/1 <sup>i</sup>	3/2/1 <sup>i</sup>		
Pneumococcal Conjugate <sup>a,+</sup>	1	2	3/2 <sup>k</sup>	4/3/2 <sup>k</sup>	4/3/2 <sup>k</sup>				
Hepatitis B <sup>+</sup>	1	2	2	2	3	3	3	3	
Varicella <sup>+</sup>					1 <sup>g</sup>	1 <sup>g</sup>	1 <sup>g</sup>	1 <sup>g</sup>	

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

**Footnotes:**

\*—The requirements for the 4<sup>th</sup> and 5<sup>th</sup> doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004.

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

a—This requirement is indefinitely suspended.

b—Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4<sup>th</sup> dose was given at ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 4 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

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 3<sup>rd</sup> dose if it is given > 6 months after the 2<sup>nd</sup> 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 3<sup>rd</sup> dose was given ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 3 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

g—The 1<sup>st</sup> 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 1<sup>st</sup> birthday) to be acceptable. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

h—If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required. The 2<sup>nd</sup> dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

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 1<sup>st</sup> birthday). If the 1<sup>st</sup> 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. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

k—The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1<sup>st</sup> dose was administered. If the 1<sup>st</sup> dose was administered at: (i) ≤ 6 months of age, 3 doses are required at 6–14 months and 4 doses are required at 15–23 months of age with 1 dose administered on or after the 1<sup>st</sup> birthday; (ii) 7–11 months of age, 2 doses are required at 6–14 months and 3 doses are required at 15–23 months of age with 1 dose on or after the 1<sup>st</sup> birthday; (iii) 12–23 months of age, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

