

Outdoor Education



Health & Release Form

Camper Info

Last Name	First Name
Address	
City, State, Zip	
Birth Date (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security # (Optional)	Home Phone
School or Group Name	Dates of Camp Attendance
Redcloud uses the mailing address you provide to send you information about our other camp programs that may be of interest to you or your child. If you prefer <u>not</u> to receive these mailings, please initial here: _____	

- Please **print neatly** and complete both pages of this form and the Colorado immunization form
- The **parent / guardian** signature at the bottom of this page is **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	Place of Employment
	Address if Different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip
Mother / Guardian	Name	Home Phone	Place of Employment
	Address if Different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip
Emergency Contact	Name	Home Phone	Place of Employment
	Address if Different	Cell Phone	Address of Employment
	City, State, Zip	Work Phone	City, State, Zip

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	Note: 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 Authorization for Medications

This section is required if you are sending any medications with your child.

If your child needs to take medication while at camp, you must have their physician complete this section of the form. We are 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.

THIS SECTION MUST BE COMPLETED BY A DOCTOR.

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

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 ^{b,+} ,c,*	
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5 ^{b,+} ,d,*	
Polio ^e	1	2	2	2	3	3	3	4 ^{f,+}	
Measles/Mumps/Rubella ^{e,g,+}				1	1	1	1	2 ^h	2 ^{h,i}
Haemophilus influenzae type B ⁺	1	2	2	3/2/1 ⁱ	3/2/1 ⁱ	3/2/1 ⁱ	3/2/1 ⁱ		
Pneumococcal Conjugate ^{a,+}	1	2	3/2 ^k	4/3/2 ^k	4/3/2 ^k				
Hepatitis B ⁺	1	2	2	2	3	3	3	3	
Varicella ⁺					1 ^g	1 ^g	1 ^g	1 ^g	

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 4th and 5th 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 4th dose was given at ≥ 48 months (i.e., on or after the 4th 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 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. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

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

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. 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 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. 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 1st dose was administered. If the 1st 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 1st 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 1st 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.

