

Child's First Name	Child's Last Name	Child's Birth Date/Age
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Child's Statement of Health Status for Enrollment in a Child Care Facility

This form **does not** need to be completed by a physician. A parent/legal guardian may complete the following section or submit a copy from the child's last well-check with the doctor. A well check must have been performed within the last year.

Past Illnesses – circle those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____	Rheumatic Fever _____
Asthma _____	Hay Fever _____	Diabetes _____	Whooping Cough _____
Epilepsy _____	Mumps _____	Poliomyelitis _____	Other _____

Comments: _____

Any previous illness, injury, medical condition or behavioral issues that may affect your child's daily participation in camp? _____

Any doctor documented intolerance/allergies to drugs, medication, sunscreen or food to include doctor recommended diets? _____

Medications taken at home: _____

Medications taken in camp: _____

For over the counter or prescription medicine during camp, please fill out the appropriate Medication Form (one form per medicine) and call Mandy Perera to discuss medication administration, 303-335-4902.

Date of most recent doctor's examination of the child: _____

Please provide immunizations and dates administered on the Colorado Department of Health Certificate of Immunization Form.

Guardian Signature _____ **Date** _____

Acknowledgements

(Initials) I have read the Camp Handbook and have discussed relevant parts with my camper. We understand and agree to the conditions and policies contained within.

(Initials) I understand that all paperwork must be turned in at the May Open House unless other arrangements have been made with the program supervisor, Mandy Perera. I will fill in all areas and put "N/A" in any areas that are not applicable. I understand if no emergency contacts are listed on the Emergency Card, the child will be turned over to the local authorities if I am unreachable.

(Initials) I have read and understand the surcharge for any cancellation or transfer. I understand the front desk or program supervisor, Mandy Perera, will process requests.

(Initials) I agree to pick up my child by 4:30 pm each day. I will pay the additional fee of \$1 PER MINUTE that I am late, regardless of the reason. I understand that payment for tardiness is due at the time I pick up my child.

(Initials) I give permission for my child to be transported by school bus, recreation center vans or by foot. I understand weekly field trips are taken on Wednesdays. I understand that camp activities/supervision will not take place on-site during field trips if I choose for my child not to attend the field trip. I understand that my child must wear the official summer camp t-shirt on all field trip days.

(Initials) I give permission for my child to participate in all activities, except: _____

(Initials) I give my child permission to watch the occasional movie/video. I understand the movies will be rated G or PG. I may refuse to allow my child to view any movies and they will be provided with an alternative quiet activity.

(Initials) I will notify counselors in writing of any changes in my child's camp schedule, including tardiness or absence.

(Initials) I will apply sunscreen to my child before arriving to camp. I give permission for staff to re-apply sunscreen. Camp will use Rocky Mountain Sunscreen.

(Initials) Staff may inspect children's possessions if necessary.

(Initials) I understand the Recreation Center will be under construction summer 2018 which may impact parking, facility and outdoor space, environment such as noise and odors and other unforeseen circumstances.