Shambhala Sun Summer Camp Health Form

(Please Note: A physician's signature is required on BOTH pages 1 & 2)

Camper Name: _____ Birth Date ____ Age ___ Sex____

Hea	Ith H	istory	T	4				
Yes	No	Condition	Notes		n n i		LIEDON	
		Asthma Last_Hospitalized					ALLERGY Turns of Allerent	Notes
		Diabetes		1 <u> </u>	Yes	No	Type of Allergy	Notes
		Epilepsy Last Seizure:		-				
		Lung/respiratory disease						
		Ear/sinus problems		_1	FO(OD A	LLERGY	
		Muscular/skeletal condition		<u> </u>	Yes	No	Type of Allergy	Notes
		Psychiatric/psychological and emotional difficulties (e.g., depression, bipolar disorder, psychosis etc.)						
		Behavioral disorders (e.g., ADHD, Asperger syndrome, etc.)			Oth	er P	hysical/Mental	Health Concerns
		Bleeding disorders		1 -				
		History of Fainting		_				
		Sleep disorders						
		Abdominal/digestive problems		<u> </u>				
		1		_				
		nild currently under a physicion	·					
		attach updated immuniza ed to enter camp without		ed exemp	tion	. NC	OTE: This child v	vill not be
I l pl	have e nysica	examined this camperl condition and capable of	active participation	(name) an in the Sh	ıd fo amb	ound hala	him/her to be in s Sun Summer Car	atisfactory mp activities.
P	<mark>hysici</mark>	an's Signature:				<u>I</u>	<mark>Date</mark>	
	<mark>hysici</mark> bel)	an's Address (please print or a	uffix printed address	Physici Phone:				

Prescription and OTC Medication Permission for Shambhala Sun Summer Camp

Over-the-Counter Medication Permission

I, the undersigned parent, give permission to the Medical Director of Sun Camp to administer the following over-the-
counter medications according to existing standing orders from the licensed physician who has agreed to furnish
medical services for the camp, pursuant to Section 7.711.61, A, of the Child Care Licensing code to my child,
NAME:

	DOSAGE	TREATMENT	COMMENTS (C. L.
OTC MEDICATION	(circle one)	FOR	COMMENTS (if dosage is other than 'per label instructions' and/or for other notes, please list here)
	Per label instructions	-	and, or yer exiler merces, presser nor nerc y
Acetaminophen	Other (please note) None	Pain relief	
lhunrafan	Per label instructions Other (please note)	Pain relief	
Ibuprofen	None Per label instructions	Pain reliei	
Diphenhydramine HCl (Benadryl)	Other (please note) None	Allergy relief	
Loratadine (Claritin)	Per label instructions Other (please note) None	Allergy relief	
	Per label instructions	3,7	
Cough Drops	Other (please note) None	Cough	
Sunscreen	Per label instructions Other (please note) None	Preventative	
Pedialyte	Per label instructions Other (please note) None	Rehydration	
Burn Gel	Per label instructions Other (please note) None	Pain relief	
Cortisone Cream	Per label instructions Other (please note) None	Pain relief	
Isopropyl Alcohol	Per label instructions Other (please note) None	Wound Care	
Bacitracin	Per label instructions Other (please note) None	Wound Care	

Prescription Medication Permission

PLEASE NOTE: at Sun Camp, all medications of any kind, including prescription, asthma, over-the-counter, dietary supplements (including vitamins), or naturopathic remedies, must be given to the camp medical officer at the time of registration along with complete written instructions and permissions for their use. This procedure is required by the Colorado Department of Human Services, Child Care Division.

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED FOR	COMMENTS

WITHHOLD (ORDER: DO	NOT give ANY	medications to my	child without my direct permission	(Initials)
Parent's Name: _			_ Phy	ysician's Name:	_
Parent's Signatur	<mark>e:</mark>		_ Phy	ysician's Signature	_
Date:			_ Da	te:	_

	COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL												
Name				_ Date of Birth									
Parent/Guard	dian												
COLORADO	DEPARTMENT OF PUB	LIC HEAL	TH AND EN	/IRONMENT-	-CERTIFIC	ATE OF IMM	UNIZATION						
	Vaccine		Enter co	omplete date eac	h immunization	was given							
Нер В	Hepatitis B												
DTaP/Tdap	Diphtheria, Tetanus, Pertussis												
DT/Td	Tetanus, Diphtheria												
Hib	Haemophilus influenzae type b												
IPV/OPV	Polio												
PCV7	Pneumococcal Conjugate												
MMR	Measles, Mumps, Rubella												
Varicella	Chickenpox			Healthcare Provider Documentation Date		Lab Verification Date							
	Vaccines recorded	d below this line	are recommende	ed. Recording of d	ates are optional.								
HPV	Human Papillomavirus												
Rota	Rotavirus												
MCV4/MPSV4	Meningococcal												
Нер А	Hepatitis A												
TIV/LAIV	Influenza												
Other													
To the best of	f my knowledge, the person named	above has rece	eived the above in	nmunizations.									
Signed	(Physician, nurse, or school health author	SS ALL I	MMUNIZAT Title	ION REQUII	REMENTS A	ARE MET							
	(Physician, nurse, or school health author	ity)											

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

	Level of School/Age of Student											
Vaccine ^a	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 ^b	5/4 ^{b,c}	6c,d	
Polioe	1	2	3	3	3	3	3	3	4/3 ^f	4/3 ^f	4/3 ^f	
Measles/Mumps/ Rubella ⁹					1	1	1	1	2 ^h	2 ^h	2 ^h	2 ^{h,i}
Haemophilus influenzae type b (Hib)	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B ^I	1	2	2	2	3	3	3	3	3	3	3	
Varicella ^m					1	1	1	1	2 ⁿ	2 ⁿ	2 ^{n,o}	
Meningococcal												р

- a: Vaccine doses administered ≤ 4 days before the f: Four doses of polio vaccine are required at
- **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. 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 of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > months after the 2nd dose.
- d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.
- e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

- minimum interval or age are to be counted as valid.

 b: Five doses of pertussis, tetanus, and diphtheria vaccines 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. Four valid doses are a complete series regardless of age at completion.
 - g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
 - h: 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 Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

- requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.
- 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, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.
- I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

- m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
- n: The second dose of varicella vaccine must have been administered at least 28 calendar days after been administered at least 26 calerition days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.
- o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.
- p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

Name	Date of Birth
STATEMENT OF EXEMPTION TO IMMUNIZATION LAW	/ (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)
· · · · · · · · · · · · · · · · · · ·	S MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.
contraindicated due to other medical conditions.	named person is such that immunization would endanger life or health or is medically ersona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o
bien, las vacunas están contraindicadas debido a otros problemas de salu	d.
	Medical exemption to the following vaccine(s): La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):
Signed (Firma) Date Physician (Médico)	(Fecha)
to immunizations.	named person or the person himself/herself is an adherent to a religious belief opposed ersona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización. **Religious exemption to the following vaccine(s): Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):
Signed (Firma) Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)	(Fecha)
to immunizations.	named person or the person himself/herself is an adherent to a personal belief opposed sonales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la
	Personal exemption to the following vaccine(s): Exención por creencias personales de la(s) siquiente(s) vacuna(s):
Signed (Firma) Date	(Fecha)
Plarent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)	CDPHE-IMM CI RCRev. 5/07

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

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (VAR1) and dose 2 (VAR2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

0.1.17		Grade Level												
School Year	к	1	2	3	4	5	6	7	8	9	10	11	12	
2007–08	VAR2	VAR1	VAR1	VAR1	VAR1	VAR1	VAR1 Tdap	VAR1			Tdap			
2008–09	VAR2	VAR2	VAR1	VAR1	VAR1	VAR1	VAR1 Tdap	VAR1 Tdap	VAR1		Tdap	Tdap		
2009–10	VAR2	VAR2	VAR2	VAR1	VAR1	VAR1	VAR1 Tdap	VAR1 Tdap	VAR1 Tdap	VAR1	Tdap	Tdap	Tdap	
2010–11 (Tdap required for grades 6 to 12)	VAR2	VAR2	VAR2	VAR2	VAR1	VAR1	VAR1 Tdap	VAR1 Tdap	VAR1 Tdap	VAR1 Tdap	VAR1 Tdap	Tdap	Tdap	
2011–12	VAR2	VAR2	VAR2	VAR2	VAR2	VAR1	VAR1	VAR1	VAR1	VAR1	VAR1	VAR1		
2012–13 (VAR1 required for grades K to 12)	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR1	VAR1	VAR1	VAR1	VAR1	VAR1	VAR1	
2013–14	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2							
2014–15	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2						
2015–16	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2					
2016–17	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2				
2017–18	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2			
2018–19	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2		
2019–20 (VAR2 required for grades K to 12)	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	VAR2	