

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 _____

Health History			
Yes	No	Condition	Notes
		Asthma Last Hospitalized _____	
		Diabetes	
		Epilepsy Last Seizure: _____	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Psychiatric/psychological and emotional difficulties (e.g., depression, bipolar disorder, psychosis etc.)	
		Behavioral disorders (e.g., ADHD, Asperger syndrome, etc.)	
		Bleeding disorders	
		History of Fainting	
		Sleep disorders	
		Abdominal/digestive problems	

DRUG ALLERGY

Yes	No	Type of Allergy	Notes

FOOD ALLERGY

Yes	No	Type of Allergy	Notes

Other Physical/Mental Health Concerns

Is this child currently under a physician's care for any condition not listed that we should be aware of?:

Any other problems or areas of concern, such as activities to be avoided, that staff should be aware of?:

***Please attach updated immunization records/ signed exemption. NOTE: This child will not be permitted to enter camp without his/her forms.**

I have examined this camper _____ (name) and found him/her to be in satisfactory physical condition and capable of active participation in the Shambhala Sun Summer Camp activities.

Physician's Signature: _____ Date _____

Physician's Address *(please print or affix printed address label)*

Physician's 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: _____.

OTC MEDICATION	DOSAGE (circle one)	TREATMENT FOR	COMMENTS (if dosage is other than 'per label instructions' and/or for other notes, please list here)
Acetaminophen	Per label instructions Other (please note) None	Pain relief	
Ibuprofen	Per label instructions Other (please note) None	Pain relief	
Diphenhydramine HCl (Benadryl)	Per label instructions Other (please note) None	Allergy relief	
Loratadine (Claritin)	Per label instructions Other (please note) None	Allergy relief	
Cough Drops	Per label instructions 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: _____

Physician's Name: _____

Parent's Signature: _____

Physician's Signature _____

Date: _____

Date: _____

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

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV7	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

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

DO NOT SIGN UNLESS ALL 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 ^a	Level of School/Age of Student											
	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}	6 ^{c,d}	
Polio ^e	1	2	3	3	3	3	3	3	4/3 ^f	4/3 ^f	4/3 ^f	
Measles/Mumps/ Rubella ^g					1	1	1	1	2 ^h	2 ^h	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type b (Hib) ^j	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 ^l	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												p

a: Vaccine doses administered ≤ 4 days before the 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 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 > 6 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.

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. 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.
l: 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 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.

