



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Parent Information Packet Summer 2011



3200 Spaulding Avenue
Pueblo, CO 81008
719-543-5151
www.CampJackson.com

YMCA of Pueblo

Camp Jackson



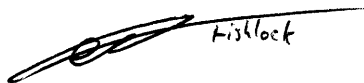
Dear Parents,

Thank you for registering your youth for an exciting summer program at YMCA Camp Jackson. For over 90 years campers have walked through our gates, gazed up at Iwo, dined on Hobo Stew, enjoyed the wonderful outdoor setting, laughed with the fun staff, and have been challenged by the programs. This is what has made Camp Jackson a memorable experience. This summer we are refining the programs and we look forward to building relationships with your youth and other campers at YMCA Camp Jackson.

This handbook is designed to help parents and campers prepare for camp and learn more about what Camp Jackson is all about. Although we try and provide as much information as possible, you may have questions that we did not cover. Please feel free to call us at the camp office with any questions about camp and we will be happy to provide you with more information.

We look forward to a fantastic summer, and we appreciate your input and support.

Sincerely,



Edd Fishlock
Program Director - Camping & Teens
YMCA of Pueblo



YMCA of Pueblo Office:
YMCA Camp Jackson address:
Registration & Camp Information:
Fax:
Camp Jackson Summer Office:
E-Mail:
Web Page:

3200 Spaulding Ave. Pueblo, CO 81008
PO Box #27 Rye, CO 81069
(719) 543-5151
(719) 544-3780
(719) 489-3822
info@CampJackson.com
www.CampJackson.com

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1. Check-In

Check-In times are Sunday afternoon 2:00 - 3:00 p.m. When you arrive at camp, visit the check-in table located outside the dining hall. Please plan to accompany your camper to his or her cabin, to meet the counselor and ask any questions you may have. All parents must check in with the health supervisor to review health forms, turn in authorization forms, store money, medications and provide the camp health supervisor with any additional instructions or information.

2. Closing Ceremony

We invite you to join us in a closing ceremony Friday night at 6:00 p.m. in Jackson Lodge. Please be prompt. This will be a special time for parents to observe and participate with their youth. Awards will be issued and there will be a chance for parents to see exactly what your campers have been doing for the last week.

3. Check-Out

Check-Out runs from 6:00pm to 7:00pm on Friday. You must formally check-out in Jackson Lodge before departing camp. Campers will not be permitted to depart camp with anyone other than their parent or legal guardian unless they have prepaid and arranged "Y" transportation, or they have a Pick-up Authorization Form from their parent authorizing their homeward transportation with a designated adult. Please take care of this detail at the time you check your camper in. If you turned in medications to the health supervisor on opening day, please plan to check out with the health supervisor to collect any unused medications, and pick up any store monies. Your last stop before departing should be our "found" table, to look for those items that have been lost during the camp session.

During Check-Out You may also purchase camp T-shirts, merchandise and cabin photos.

4. Special Needs

-Homesickness

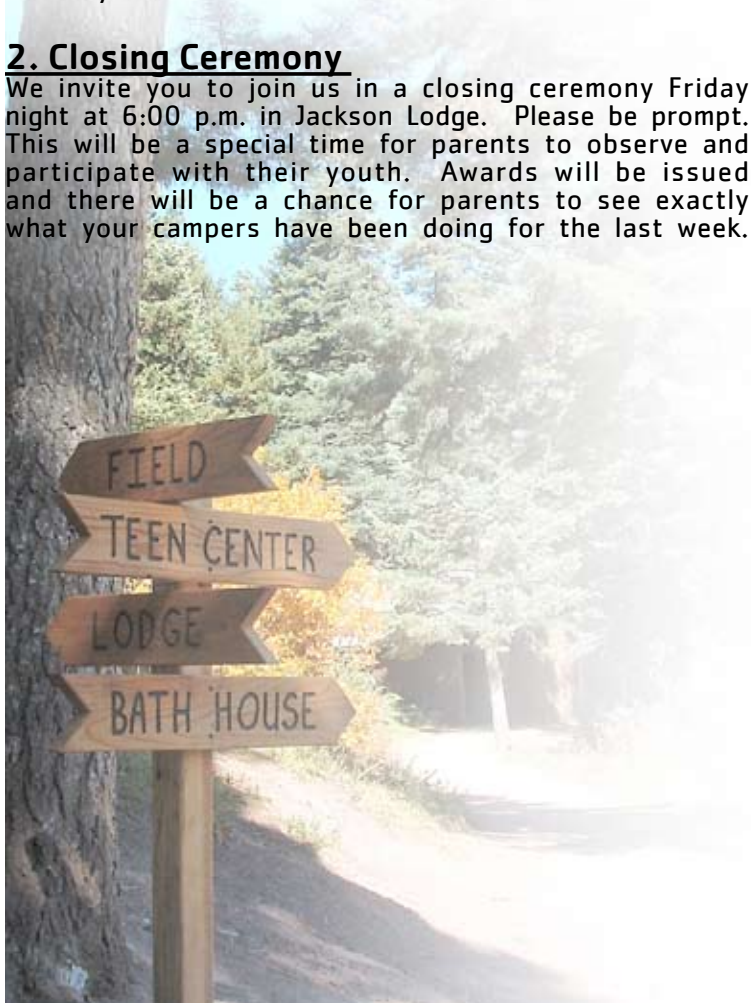
Both our health supervisor and counseling staff are trained in helping campers overcome homesickness. Although uncommon, homesickness can affect a campers experience at camp if not handled with care and urgency. Parents will be contacted if the homesickness continues for more than 24 hours. Parents supporting the campers decision to go to camp and meet their goals greatly effects the outcome of the campers staying for the remainder of the week.

-Behavioral Problems

On occasion, campers have serious behavioral problems at camp. It is our policy to consult with parents on strategies for dealing with such situations. When the welfare of the camper, other campers or camp property is jeopardized, parent(s) or guardian(s) will be notified to pick up the camper from camp at their expense. Under no circumstances will a youth be removed from camp without the consultation and permission of the parent or guardian. All special concerns related to behavior, medications and diet should be noted on your youth's Health Information Form. The Camp Director would be happy to discuss special needs with you personally; just call to set up an appointment. If your camper requires an aid at school please call to set up an appointment with our Camp Director. We do ask that all campers be capable of functioning in a 1:6 staff to camper ratio. Special arrangements can be made available.

- Illness & Accidents

If a camper becomes sick or has an accident that is more severe than a stomachache, headache, cut or scrape. The camper's parents will be notified of the situation and care that is being offered. Parent's discretion will be honored as to the care of the youth.



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5. A Day At Camp Jackson

- 7:00 Rise & Shine
- 7:30 Flag Raising
- 7:45 Cabin Devotions
- 8:00 Breakfast
- 8:30 Cabin Details
- 9:30 Speciality Areas
- 12:30 Lunch
- 1:30 Rest Time
- 2:30 Choice Time
- 4:00 Cabin Activity
- 5:30 Dinner
- 6:30 Evening Programs
- 8:00 Campfire
- 9:00 Vespers/Reflections
- 10:00 Lights Out (Age Dependant)

6. Absentees and No-Shows

If your camper will arrive late to camp, please notify the camp office before opening day. If a camper does not show up at camp by 3:00p.m. on opening day, camp staff will call the primary contact, secondary contact and emergency contact (in that order) listed on the camper's Health Information Form to determine the camper's whereabouts. We will continue trying until we reach someone and determine the cause of the no-show.

7. Trading Post

During their stay, campers may purchase snacks, T-shirts, toiletries, souvenirs, stamps and other miscellaneous items at the Trading Post using a camp bank "account." We recommend \$15.00 to \$20.00 per week be deposited in your camper's account when you check in on opening day. Items campers purchase will be deducted from their account and the balance will be refunded on the closing day.

8. Camper referral Program

Most of our campers come from referrals from friends and family. To thank you for this we would like to reward you for your referrals - If a new camper (someone who has not attended Camp Jackson before) is referred by you, then you will receive \$20 in your campers store account. Referrals must write your name on their registration form. You can refer as many campers as you want, but each camper can only be referred by one person. The money from referrals must be spent at the camp store and cannot be refunded as cash or used to pay for services.

9. Our Caring Staff

The Camp Jackson Staff is the very heart of our camp. They make our programs and care for your youth. We recruit a staff that can serve as proper role models for our campers. All our staff have much to give and teach our campers. Camp Jackson staff are safety conscious, enthusiastic, service minded, knowledgeable and respectful of the environment. Each staff member also has strong leadership skills that reflect the Christian principals upheld by the YMCA. These principals are caring, honesty, respect and responsibility.

Our cabin counselors supervise one cabin team throughout the session. A program instructor joins each cabin team to assist in all activities. Our counselors reside in the cabins, participate in all activities along with the campers, and lead them through all of their camp experiences. YMCA Camp Jackson hires program instructors who are responsible for program areas. This allows a counselor to stay with the cabin team and not be distracted by the added responsibility of programming; and gives campers and counselors the time they need to develop positive and healthy relationships.

10. Training

Every staff member, regardless of position, is trained by experts in camping, youth development and outdoor recreation. This is one week of very intense training at the beginning of the summer. Training also includes certification by the American Red-Cross in CPR and First-Aid.

11. Pets

Please Leave Your Pets at Home! We ask you to please leave your pets at home while checking in/out of camp. During check-in, our staff members are very busy meeting and greeting campers. Dogs, running around, only leads to problems and less attention that we can give to our primary responsibility, campers happiness. We thank you and apologize for any inconvenience.



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12. Things To Do Before Camp

At least one month prior to your camper's first day of camp, all fees must be paid in full and the enclosed forms completed and returned (Information Form, Signature Form, Health Form and Physicians Form.) This can be done at the YMCA of Pueblo. Failing to do so will result in the loss of your youth's place and your \$50 deposit. Since we have a waiting list for many camps, your adherence to the one month policy will allow another camper to take advantage of these options. If you have any questions about your account, please call the camp office at (719) 543-5151.

-Clothing and Personal belongings

Please be sure to mark all belongings sent to camp with your campers name. Since camper's spend the majority of their time outside, please do not send clothing that is expensive or new. All items on the clothing list, included in this parent packet, are important at camp, especially rain gear, warm jacket or sweat-shirts, and items listed for special programs. Lost and found items will be held at the YMCA of Pueblo Camp Jackson office until the end of August, after which they will be given to charity. YMCA Camp Jackson cannot be held responsible for any lost, misplaced or stolen possessions. For this reason, please do not send valuable or sentimental items to camp. Please see the clothing and equipment list in this parent packet for suggestions.

-Physical Exam

The Physicians Form, included at the end of this packet, must be completed and returned to the Camp Jackson Office at least one month prior to your camper's first day of camp. Colorado Department of Human Services requires that every camper, have on file a current, signed physical form. Your physician or licensed medical professional must sign the form provided, or you must provide a copy of a physical completed within the 12 months prior to the camper's first day at camp. The health form must also be completed.



13. Tips For Better Camping

There are a number of obvious and not so obvious things that parents should not send with their campers. These items both take away from the camp experience and, in some cases, can put campers at risk.

-Please Do Not Send

- Radios and electronics
- Ipods / mp3 Players
- Electronic Games
- Hair Dryers & Curlers
- Hair Dyes
- Toys
- Fireworks
- Cell Phones
- Food & Candy

Although it is nice to send your youth to camp with fresh cookies or candy it can lead to some very real problems; namely scavenging animals. Animals in camp can lead to both sickness and danger. We serve well-balanced, nutritious meals and we have a very well stocked store with almost any goody a camper could like.

Money

Once you have put money in your youth's camp bank "account" there is no reason to send additional money. Real money is of absolutely no use for a camper and only stands to get lost.

Knives or any other type of weapons

After years at camp we have discovered that, no matter how hard we try, these items will still make their way to camp. On opening day, after settling into their cabins, campers will be given the opportunity to "Brown Bag." The Brown Bag is a program designed and used by many other camps where such items are placed by campers in a "Brown Bag" and then labeled and stored in a safe place until closing day, when they are returned. Campers are free to put anything they want in these bags, knowing that they will be returned at the end of their stay.



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14. Suggestions for Parents of First year Campers

Sometimes the most difficult decision about a youth attending camp is not whether the youth wants to go, but whether mom and dad can be away from the youth for a whole week! Here are a few suggestions from previous first year parents:

1. Feel free to visit camp before your youth's session. Please call in advance to arrange this.
2. Contact the Camp Jackson office if you have any questions, and talk with other camp parents in your area.
3. Send your camper a letter shortly after camp starts to let your camper know that everything is okay. Some parents have sent a letter before their youth leaves home so that it's waiting at camp when they arrive.
4. Parents miss their youth too, but try not to make this the emphasis of your letters to your camper. They will be happy to know how proud you are of them as they set off on this new adventure, but it will sadden them to know how much the dog misses them!
5. Welcome your camper's new friends and have confidence in their judgement. Encourage your camper to pursue interests and skills they have picked up at camp. Many activities can be continued at your local YMCA.

15. Telephone Use By Campers

In general, campers are not permitted use of the camp telephone. For those on an extended stay, periodic telephone privileges can be arranged. If you should need to contact your camper for emergency circumstances, please do so through the Camp Director or the camp office. To call camp directly, dial (719) 489-3822.



16. The "C" in YMCA

Christian principals guide decision making and provide the leadership training and philosophy behind Camp Jackson and the YMCA of Pueblo. Outward signs include grace before every meal, character development theme for each day, morning devotional time and evening "vespers" time. People of all faiths are welcome at Camp Jackson.

17. Camp ALUMNI

Did you attend YMCA Camp Jackson / Crockett when you were a child? We have an alumni group which runs reunions and other events for our ex-campers. Email your mailing address and information to: Info@CampJackson.com and you'll start receiving our alumni newsletter.

18. Transportation

Transportation is provided from the YMCA of Pueblo to Camp Jackson for an additional fee. The bus leaves the YMCA on Sunday at 2:00 PM arriving at YMCA Camp Jackson at 3:00 PM and returning on Fridays leaving YMCA Camp Jackson at 7:00 PM. And arriving at the YMCA of Pueblo at 7:45 PM. Please be prompt in picking up your camper, the YMCA of Pueblo closes shortly after drop off time on Friday evenings. If you need to cancel transportation services, you must do so one month before your campers first session of camp. Failing to do so will result in the loss of transportation fees. Since we have a waiting list for this service, your adherence to the one month notification policy will allow another camper to take advantage of these options.

19. Transportation Orientation

1. Passengers should remain seated at all times with hands and arms inside of vehicle.
2. Seat belts must be fastened. (1 person per seat belt)
3. Noise level should be such as to not distract the driver. There should be no throwing of objects or other disruptive behavior.
4. Passenger should enter and leave the vehicle under the direction of a staff member and/or driver. If the vehicle makes an emergency stop passengers must follow the direction of staff member and/or driver. Use of the buddy system is required if leaving the vehicle is necessary.

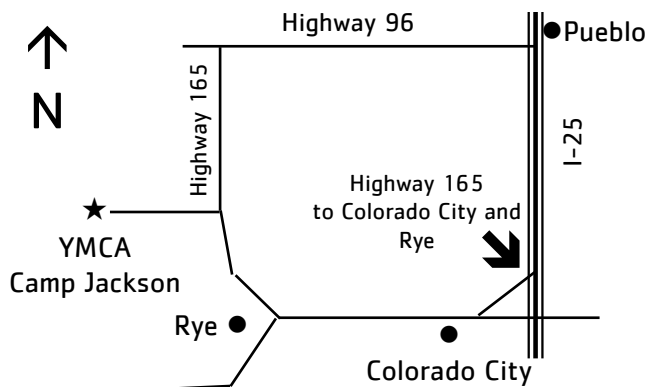
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20. How To Get To Camp Jackson

From Pueblo, Colorado Springs, Denver and Boulder:
Follow Interstate 25 to exit 74 (Colorado City and Rye.) Exit to the west and follow Highway 165 through Rye. About 5 miles past Rye, on the left hand side of the Road, will be our front gate. Turn left on YMCA Camp Jackson property and go right at the fork in the gravel road, up the hill. In 1/4 mile you will be in our parking lot below the dining hall. Please do not drive beyond our parking lot for campers safety and environmental reasons.



21. Inclement Weather

YMCA Camp Jackson reserves the right to change activities due to inclement weather or unusual circumstances.

22. Mail

Letters from home are always welcome.

Please send mail to: Camper's Name
YMCA Camp Jackson
PO Box # 27
Rye, CO 81069

We encourage campers to write home at least once during each session spent at camp. You can facilitate this process by providing campers with pre-addressed, pre-stamped envelopes and stationary.

23. Safety First

YMCA Camp Jackson has an experienced and certified health supervisor on site. A designated doctor in Colorado City is on-call. Camp Jackson's full time professional staff have been certified in an American Red Cross Emergency Response. There is a designated emergency vehicle on site at all times. YMCA Camp Jackson adheres to the high quality standards of the state of Colorado licensing and the American Camp Association and is evaluated by a team of American Camp Association professionals.

24. High Altitude

Just a reminder: YMCA Camp Jackson is at an altitude of 8000 ft. Youth adjust more readily to altitude than adults, however, campers whose homes are at significantly lower elevations may notice some symptoms that accompany adjusting to a higher altitude. These symptoms include breathlessness, fatigue and an increased need for rest. One of the best ways to aid in adjustment is to drink lots of water! Our camp health supervisor, as well as the rest of our staff, are prepared to help campers with their adjustment to altitude.

25. No Ghost Stories!

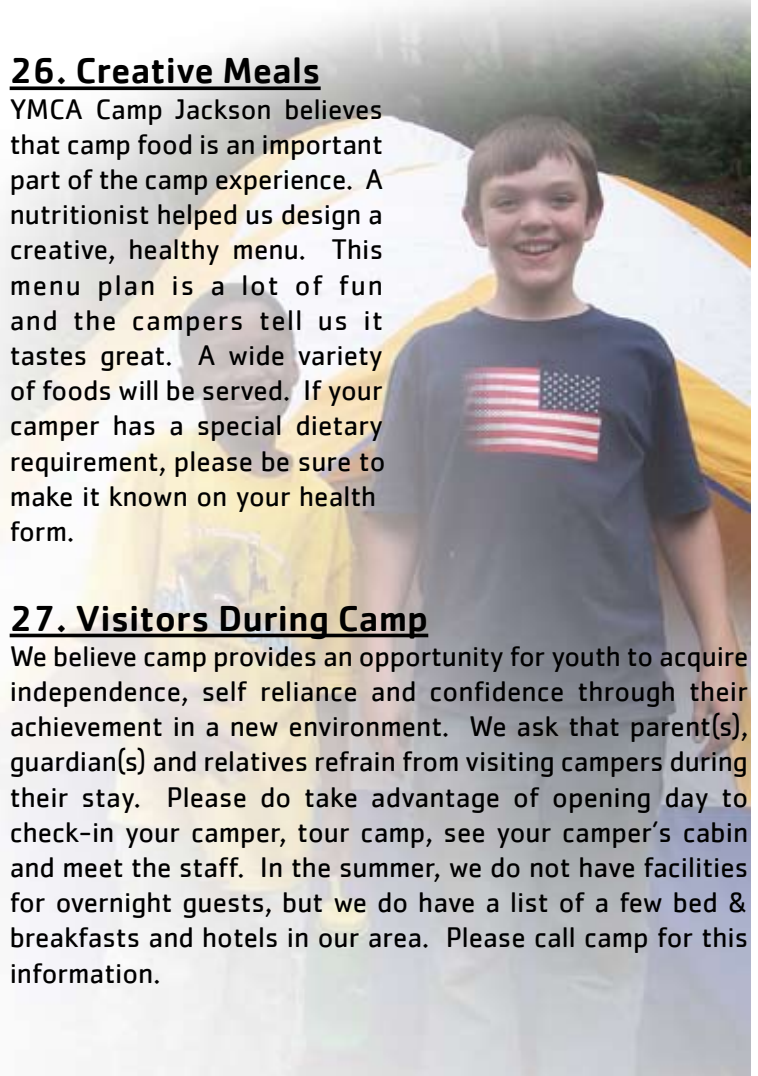
At Camp Jackson we believe that every aspect of our program has a purpose. Camp Jackson has a strict policy that no camp staff member or counselor is permitted to tell ghost stories. During staff orientation story tellers teach our staff positive and fun stories that reflect a healthy experience for all, that is not designed to scare campers.

26. Creative Meals

YMCA Camp Jackson believes that camp food is an important part of the camp experience. A nutritionist helped us design a creative, healthy menu. This menu plan is a lot of fun and the campers tell us it tastes great. A wide variety of foods will be served. If your camper has a special dietary requirement, please be sure to make it known on your health form.

27. Visitors During Camp

We believe camp provides an opportunity for youth to acquire independence, self reliance and confidence through their achievement in a new environment. We ask that parent(s), guardian(s) and relatives refrain from visiting campers during their stay. Please do take advantage of opening day to check-in your camper, tour camp, see your camper's cabin and meet the staff. In the summer, we do not have facilities for overnight guests, but we do have a list of a few bed & breakfasts and hotels in our area. Please call camp for this information.



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28. Birthdays

Being at camp during a birthday can be a lot of fun. We like to bake a cake for the cabin, and sing a song in the dining hall. You can either tell our camp director on opening day, call the camp office or fax the request at least two days prior to the special day. If you would like us to deliver a gift, you can give it to the Camp Director on opening day. We are happy to help.

29. Refunds

Should your camper be unable to attend camp, please notify the Camp Jackson office at least one month before the session. Your camp fee will be refunded, less the nonrefundable deposit. Campers who must leave camp for medical reasons will be mailed a prorated refund. No refund is given to campers choosing to arrive late, depart early or those who are sent home for behavioral problems.

30. Closed Campus

For security reasons YMCA Camp Jackson keeps our main gate locked. It is opened periodically for deliveries and daily business. Please call ahead if you have an emergency and need to stop by so the gate is unlocked. The phone number at camp is (719) 489-3822.

31. Partnership

YMCA Camp Jackson looks at our time with your children as a partnership with parents. We aim to build great people that are life long learners, community minded and have Christian values.

Attention Parents!

In order to proceed with registration for your youth the forms attached to this packet need to be completed and faxed to 719-544-3780 or mailed to:

YMCA of Pueblo
3200 Spaulding Ave.
Pueblo, CO 81008

All forms and payments must be submitted **ONE MONTH** prior to your youth attending camp. Failing to do so will result in the loss of your child's place and your \$50 deposit.



MISSION STATEMENT:

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

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Clothing & Equipment List

BASED ON A 5 NIGHT AND 6 DAY SESSION

Clothing

- ___ (7) T-Shirts
- ___ (2-3) Shorts
- ___ (2-3) Pants
- ___ (8-9) Socks
- ___ (6-7) Underwear
- ___ (1) Casual Tennis Shoes
- ___ (1) Wet shoes (sandals, or tennis shoes)
- ___ (1) Jacket or Fleece Top
- ___ (2-3) Sweat-shirts or Sweaters
- ___ (1) Swim Suit
- ___ (1) Rain Coat or Poncho (very necessary)
- ___ (1) Sturdy Hiking Shoes
- ___ (1) Heeled boots with closed toe (riding)
- ___ Baseball Cap (optional)

Toiletries

- ___ Soap & Soap Container
- ___ Tooth brush
- ___ Comb or brush
- ___ Shampoo/Conditioner
- ___ Non-Aerosol Deodorant
- ___ Waterproof Sunscreen (SPF 15 or more)
- ___ (1-2) Wash Cloths
- ___ (1-2) Bath Towels
- ___ Lip Balm (SPF 15 or more)
- ___ Feminine Hygiene Products (if applicable)
- ___ Non-Aerosol Insect Repellent
- ___ Toiletry Container

Bedding

- ___ Pillow & Pillowcase
- ___ Warm Sleeping Bag (very necessary)
- ___ Water Resistant "Stuff Sack"
- ___ Top Sheet for bunk (twin size)
- ___ Blanket

Miscellaneous Gear

- ___ Backpack/Day Pack (very necessary)
- ___ Sunglasses
- ___ Flashlight
- ___ Letter Writing Material & Home Address
- ___ Water Bottle/Canteen
- ___ Musical Instrument
- ___ Compass

Teen Extreme

The following items are in addition to the other items listed on this page.

Extreme Terrain

- ___ Comfortable Hiking Boots
- ___ Frame Pack
- ___ Sleeping Pad (optional)

Extreme Paddling

- ___ Water Proof Clothing
- ___ Water Proof Bag (optional)
- ___ Sleeping Pad (optional)

Extreme Riding

- ___ Heeled Boots (cowboy boots)
- ___ (3) Jeans
- ___ Sleeping Pad (optional)



There is NOT a laundry facility at Camp Jackson



YMCA of Pueblo Information Form

Please complete this form and return to the YMCA one month prior to your youth attending camp.

Youth:

Name: _____ Sex: _____ Grade In Fall: _____ School: _____

Birthdate: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian:

Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent/Guardian:

Name: _____ Employer: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Billing Address: (If different than above)

Contact Person: _____ Relation to youth: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Contacts:

Physician Name: _____ Phone: _____

Last Date of Physical: _____ Due Date of Next Physical: _____

Dentist Name: _____ Phone: _____

Emergency Contacts/Pick-Up Authorization: (other than the parents listed above)

(Please list authorized people to pickup your youth, other than parents. Identification by photo ID may be required at any time.)

1.) Name: _____ Relationship to youth: _____

Phone #: _____ Second #: _____ Third #: _____

2.) Name: _____ Relationship to youth: _____

Phone #: _____ Second #: _____ Third #: _____

3.) Name: _____ Relationship to youth: _____

Phone #: _____ Second #: _____ Third #: _____

If anyone is not to be permitted access to your child please indicate here _____



YMCA of Pueblo Signature Form

Please complete this form and return to the YMCA one month prior to your youth attending camp.

Read and Initial all sections

Liability Waiver:

_____ This health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities including field trips and photos for promotional purposes. I agree to follow the rules, guidelines, procedures, and policies described in the Parent Information Packet. The undersigned hereby agree to hold harmless and indemnify the YMCA of Pueblo and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/or judgements in connection with any use of YMCA properties.

Transportation Authorization:

_____ I hereby give permission to the YMCA of Pueblo to transport my youth on the YMCA provided transportation.

Sunscreen Permission:

_____ I hereby give permission for sunscreen to be applied to my youth by staff/him/herself. In the event that my child forgot sunscreen, my child has permission to apply sunscreen that is provided by the YMCA.

Emergency Authorization:

_____ I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests and treatment for my youth. In the event that I can not be reached in an emergency, I hereby give permission to transport, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my youth. I accept financial responsibility

All the above must be initialed by the guardian of the youth listed in order to participate in the YMCA of Pueblo Youth Development Activities.

Insurance Information:

Youth's Legal Name: _____ School: _____
Insurance Company: _____ Policy/Group #: _____
Name of Policy Holder: _____ Relationship to youth: _____

Signature

Date

Parent/Guardian Name Printed



YMCA of Pueblo Health Form

Please complete this form and return to the YMCA one month prior to your youth attending camp.

Health History

Youth's Name: _____ School: _____

(Please check if your child has any of the following or has had, and please give approximate dates.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Chest Pains |
| <input type="checkbox"/> Dizziness from exercise | | |

Allergies

- Hay Fever Insect Stings Penicillin Asthma
- Foods (please List) _____

Please list any fears or dislikes your youth has, such as the dark, spiders, etc..

What are your youth's main interests and hobbies?

Has your youth had any specific unfavorable experience in this type of program?

What word best describes your youth's interaction with peers?

What do you wish your youth to gain by attending this YMCA program?

Please list any activities that you do not want your youth to participate in.

Please list any other comments or concerns that would be helpful to our staff.



YMCA of Pueblo Physicians Form

Please complete this form and return to the YMCA one month prior to your youth attending camp.

Physicians Examination

Youth's Name: _____ School: _____

I have examined the above individual and will verify the following:

Date of Examination: _____ BP: _____ Weight: _____ Height: _____

In my opinion, the above applicant _____ is _____ is not able to participate in an active youth development program.

The applicant is under going care of a physician for the following conditions: _____

Current Treatment at the time of this report includes: _____

Contact with tuberculosis: _____ Date of Tuberculin Test: _____ Result: _____

If Chest X-rayed: _____ Date X-rayed: _____ Result: _____

Any medical-prescribed dietary restrictions: _____

Additional information for health care staff: _____

Medication Permission

Medication: _____ Dosage: _____ Route: _____

Purpose of Medication: _____

Name of Medication	Breakfast Dosage	Lunch Dosage	Dinner Dosage	Bedtime Dosage	Special Instructions
<input type="checkbox"/> Tylenol <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Cough Suppressant/Drops <input type="checkbox"/> Benedryl <input type="checkbox"/> Sunscreen					As Directed

Warning signs that may indicate an onset illness: _____

Possible side effects: _____

Anticipated Number of days it needs to be given at the YMCA Program: _____

Parent/Guardian & Physician

I hereby give permission for the above individual to take the above prescription or over-the-counter medication at the YMCA Program facility as ordered. I understand that it is my responsibility to furnish medication.

Parent Name (Printed)

Parent (Signature)

Date

Licensed Medical Professional Name (Printed)

Title

Phone

Licensed Medical Professional (Signature)

Date

NOTE: Prescription medication must be brought to the YMCA Youth Program in its original pharmacy container appropriately labeled by the pharmacy along with this medication permission.

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. 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.	
Mumps	Mumps				
Rubella	Rubella				
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.

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 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4	5 b,+,c	
Tetanus/Diphtheria	1	2	3	3	4	5 b,+,d	
Polio e	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella e,g,+				1	1	2 h	2 h,i
Haemophilus influenzae type b +	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B e,+	1	2	2	2	3	3 k	
Varicella e,+					1 g	1 g	
Pneumococcal Conjugate a	Indefinitely suspended						

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

Footnotes: (at school entry = newly entering a Colorado school)

- +: 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 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.
- d: Any student ≥ 7 years at school entry 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 unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required.

- 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.
- 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.
- i: Measles, mumps, and rubella vaccine is not 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.
- k: Ages 11-15 only: hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

