Submit Forms

TOWN OF ERIE
1874
PARKS & RECREATION

# 2013 Camp Erie Participant Forms

*These forms are valid for all 2013 Camp Erie programs.*
*Camp Erie includes the following programs: Mini Miners, No School Days, Spring Break Camp and Summer Camp.*

## CAMPER NAME: _____

Dear Parents/Guardians,

Thank you for participating in a 2013 Camp Erie program. This packet contains all of the forms you will need to complete prior to sending your child to camp. Please note that these are participant information forms, and are not registration forms. In order to register for a Camp Erie program, please visit www.erieparksandrec.com or visit Guest Service at the Erie Community Center. All applicable forms must be completed at least one week prior to attending a Camp Erie program. Only one packet of forms is required for the 2013 calendar year. These forms are also available online at www.erieco.gov/camperie in writable PDF's, which can be submitted via email to the Programs Manager. **Please save a copy of these forms.**

Find us online: www.erieco.gov/camperie

Please note: The included immunization form, or a Kaiser Permanente Immunization print out, are the only two acceptable forms for immunization documentation per the Colorado Department of Health and Human Services, Child Care Division.

### 2013 Form Check List

*All forms are required unless otherwise marked.

- ☑ Emergency Card (All Camp Erie Programs)
- ☑ Camper Information Sheet (All Camp Erie Programs)
- ☑ Child's Social History Form (All Camp Erie Programs)
- ☑ Medical History & Information Form (All Camp Erie Programs)
- ☑ Authorization to Administer Medication *(Optional)*
- ☑ Camper Permissions (All Camp Erie Programs)
- ☑ Camper Permissions Continued (Summer Camp Only)
- ☑ Immunization Form or Kaiser Permanente Form (Summer Camp Only)
- ☑ Climbing Waiver & Release of Liability (*Optional*)

*All Campers need to complete this entire 2013 Camp Erie Participation form.*

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Please print on regular white paper and complete all areas, top and bottom. Return on this full, 8.5 x 11 sheet of paper and staff will cut and laminate the card.

# 2013 CAMPER EMERGENCY INFORMATION CARD

| CHILD'S LAST NAME | CHILD'S FIRST NAME | BIRTHDATE (MM/DD/YY) | AGE |
|---|---|---|---|
| CHILD'S HOME ADDRESS | | | GENDER ☐ M ☐ F |
| CITY | ZIP | HOME PHONE | |
| PARENT/GUARDIAN'S NAME | HOME PHONE | ALT PHONE | |
| PARENT/GUARDIAN'S NAME | HOME PHONE | ALT PHONE | |
| AUTH. TO PICK UP/EMERG CONTACT | CONTACT ADDRESS | CONTACT PHONE | |
| AUTH. TO PICK UP/EMERG CONTACT | CONTACT ADDRESS | CONTACT PHONE | |
| AUTH. TO PICK UP/EMERG CONTACT | CONTACT ADDRESS | CONTACT PHONE | |
| HEALTH CONCERNS, ALLERGIES, BEHAVIORAL CONCERNS, ETC. | | | (OVER) |

FOLD HERE

| PHYSICIAN'S NAME | ADDRESS | | PHONE |
|---|---|---|---|
| DENTIST'S NAME | ADDRESS | | PHONE |
| HOSPITAL OF CHOICE | ADDRESS | | PHONE |
| MEDICAL INSURANCE CO. | GROUP POLICY # | PHONE | |
| HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR |

I hereby give my permission to the Town of Erie staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the Town of Erie's staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

_____ _____/_____/____
Signature of Parent/Guardian Date

OPTIONAL:
SECURELY TAPE A RECENT, UP-CLOSE PHOTO HERE

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# 2013 Camper Information Sheet

**Today's Date**
MM/DD/YY
/ /
_____

## Camper Information

Child's Full Name _____ Nickname _____

Child's Home Address _____ City _____ Zip _____

Gender ☐ M ☐ F Age _____ Date of Birth _____/ _____/ _____

## Parent/Guardian Information

**Parent/Guardian Name** _____ Preferred Phone # ( ) _____

Home Address if Different _____ City _____ Zip _____

Additional Phone # ( ) _____ Additional Phone # ( ) _____ Email _____

**Parent/Guardian Name** _____ Preferred Phone # ( ) _____

Home Address if Different _____ City _____ Zip _____

Additional Phone # ( ) _____ Additional Phone # ( ) _____ Email _____

## Authorization to Pick Up/Drop Off and Emergency Contacts

**Please list up to four individuals as people authorized to pick up/drop off your child from camp. In addition to the parents/guardians, these individuals will also be used as emergency contacts. Requests for additional contacts can be made in writing to Camp Director.**

Name _____ Phone # ( ) _____

Phone # ( ) _____ Relationship _____

Name _____ Phone # ( ) _____

Phone # ( ) _____ Relationship _____

Name _____ Phone # ( ) _____

Phone # ( ) _____ Relationship _____

Name _____ Phone # ( ) _____

Phone # ( ) _____ Relationship _____

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# 2013 Camper Social History

**Today's Date**
MM/DD/YY
/ /
_____

A description of your child's behavior and reaction to various incidents is desired. This information is kept confidential and will be reviewed by the Camp Director as a key to working with your child as an individual member of our program.

**Information**

Child's Name _____

Does your child have any emotional or behavioral problems and/or conditions?
☐ YES ☐ NO

If yes, what steps have you taken to control this condition? _____

_____

Describe Your Child's Interaction with males _____

Describe Your Child's Interaction with females _____

Child's favorite activity _____

Fears and Dislikes _____

_____

Does your child prefer to play alone? ☐ YES ☐ NO

Reward system used at home _____

Types of discipline used at home _____

Positive/negative school or camp experiences _____

_____

Additional comments on child's history _____

_____

_____

_____

_____

_____

**PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERNS YOU MAY HAVE WITH THE CAMP DIRECTOR**

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# 2013 Medical History & Information Form

**Today's Date**
MM/DD/YY
/ /
_____

Child's Name _____

**Please check all illnesses that your child HAS had**

☐ Chicken Pox ☐ Measles ☐ Rubella ☐ Hay Feaver ☐ Rheumatic Fever ☐ Asthma ☐ Epilepsy

☐ Mumps ☐ Poliomyelitis ☐ Whooping Cough ☐ Diabetes

**Please fill out information below**

Surgery/Accidents/Illnesses/Chronic Health Problems _____

_____

Describe any physical or medical condition requiring special attention by staff _____

_____

Check those allergies staff should be aware of and give the prescribed routine below

☐ Food (type) _____ ☐ Inscet Bites/Stings _____

☐ Medications _____ ☐ Other _____

Date of most recent medical examination of this child _____ / _____ / _____

**PLEASE RECORD IMMUNIZATIONS AND DATE ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION FORM OR KAISER PERMANENTE APPROVED FORM**

Physician/Health Care Professional _____ Phone # ( ) _____

Office Address_____

Medical Insurance Company _____ Phone # ( ) _____

Group # _____

Dentist Name _____ Phone # ( ) _____

Office Address_____

Hospital of Choice _____ Phone # ( ) _____

Any intolerance to drugs, medication, sunscreen or food? _____

_____

This medical history and information is correct as far as I know and the person herein described has permission to engage in all prescribed activities, unless otherwise stated. Parent/Guardian Initial _____

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# OPTIONAL: 2013 AUTHORIZATION TO ADMINISTER MEDICATION

**Today's Date**
MM/DD/YY
/ /
_____

For children who need to take over the counter or prescription medications during Camp Erie programs, this form needs to be completed in its entirety by a parent/guardian and physician before any medication can be given by staff. If the form is incomplete or not on file, the parent/guardian will be asked to return to Camp Erie to administer the medication regardless of the age of the child.

**Parent/Guardian, please complete this section**

The parent/guardian of _____ ask that staff give the following medication
(child's first and last name)

_____ at _____ to my child, according
(Name of Medication, one medication per sheet) (Time)

to the Health Care Provider's signed instructions on the lower part of this form.

**Prescription** M**edications** must come in the original container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and a licensed health care provider's name. Pharmacy name and phone number must also be included on the label. Ask your pharmacist for a separate medicine bottle to keep at camp.

**Over the counter medication** must be labeled with the child's name. Dosage must match the signed health care provider authorization, and medicine must be packed in original container.

**By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the staff**

_____ _____ _____ /_____ /_____
Parent/Guardian's Printed Name Parent/Guardian's Signature Date

( ) ( ) ( )
_____ _____ _____
Home Phone Work Phone Cell Phone

**Health Care Provider Authorization to administer medication at Camp Erie**

Child's Name _____ Age _____ Birth Date _____/_____/_____

Medication _____ Dosage _____

Route _____

Special Instructions _____

Purpose of medication _____

Side effect that need to be reported _____

_____ _____ /_____ /_____
Physician/Health Care Professional Signature Date

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# 2013 Camper Permissions

**Today's Date**
MM/DD/YY
/ /
_____

## 2013 Emergency Medical Service Release

I hereby give my permission to the Town of Erie staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the Town of Erie's staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

## 2013 Mosquito Repellant Permission

Children will apply repellant to themselves and under the direct supervision of camp staff before outdoor activities. Repellant should not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by day camp staff will be reported promptly to a parent/guardian. It is the parent's responsibility to provide repellant with the specific amount of DEET they wish their child to have. Every repellant should have your child's first and last name clearly labeled on the bottle. Camp Erie will be using REPEL with 9.50% of DEET and OFF Botanicals that does not have any DEET. It is recommended that you use DEET to protect against West Nile Virus.

_____ _____
Child's Name Name of Repellant with % DEET (if providing your own)

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

## 2013 Sunscreen Permission

Children will apply sunscreen to themselves under the direct supervision of camp staff, 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by camp staff will be reported promptly to a parent/guardian. It is the parent's responsibility to provide sunscreen with the specific amount of SPF they wish their child to have. Please have your child's first and last name clearly labeled on the bottle. Camp Erie will be using Equate Sunscreen (SPF 50+) and Rocky Mountain Sunscreen Kids SPF 50+.

_____ _____
Child's Name Name of Sunscreen and SPF # (if providing your own)

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

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# Camper Permissions (Optional)

**Today's Date**
MM/DD/YY
/ /
_____

## Transportation/Field Trip Authorization

I hereby give permission for my child to go on field trips away from the Erie Community Center through the Camp Erie program whether on foot, school bus, bicycle or by Town of Erie vehicles.

I give permission for my child to participate in all Camp Erie activities with the following exceptions: _____

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

## Movie Release

I hereby give permission for my child to watch G/PG rated movies during the Camp Erie program.

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

## 2013 Summer Camp Parent Manual - Release Statement of Understanding

By signing below, I agree that I have received a copy of the 2013 Summer Camp Parent Manual. I understand that it is my responsibility to read the guidelines set forth by the Erie Recreation Division and uphold them to the fullest. The 2013 Summer Camp Parent Manual is also available online at www.erieparksandrec.com.

_____
Print Parent/Guardian Name

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

## OPTIONAL: 2013 Bike/Walk to and/or from Camp Erie Permission

**Must be 10 years of age or older.**

My child _____ is 10 years of age or older and has my permission to bike or walk to/from Camp Erie and be released on his/her own. He/she will be responsible for signing him/her self into and/or out of camp each day. I agree that the Town of Erie and employees will not be responsible for the welfare of my child before camp and once released to go home.

_____ _____ / _____ / _____
Signature of Parent/Guardian Date

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

**Name** _____ **Date of Birth** _____

**Parent/Guardian** _____

## COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

| Vaccine | | Enter the month, day and year each immunization was given | | | | | |
|---|---|---|---|---|---|---|---|
| **Hep B** | Hepatitis B | | | | | | |
| **DTaP** | Diphtheria, Tetanus, Pertussis (pediatric) | | | | | | |
| **DT** | Diphtheria, Tetanus (pediatric) | | | | | | |
| **Tdap** | Tetanus, Diphtheria, Pertussis | | | | | | |
| **Td** | Tetanus, Diphtheria | | | | | | |
| **Hib** | *Haemophilus influenzae* type b | | | | | | |
| **IPV/OPV** | Polio | | | | | | |
| **PCV** | 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 is encouraged. | | | | | | | |
| **HPV** | Human Papillomavirus | | | | | | |
| **Rota** | Rotavirus | | | | | | |
| **MCV4/MPSV4** | Meningococcal | | | | | | |
| **Hep A** | Hepatitis A | | | | | | |
| **TIV/LAIV** | Influenza | | | | | | |
| **Other** | | | | | | | |

## THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

☐ **A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements — Update Signature _____ Date _____

☐ **B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements — Update Signature _____ Date _____

☐ **C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements — Update Signature _____ Date _____

☐ **D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements — Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

## HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.**
**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona 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 salud.

***Medical exemption** to the following vaccine(s):*
***La exención por razones médicas** aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
**EXENCIÓN POR MOTIVOS RELIGIOSOS**: El padre o tutor de la persona 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) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
**EXENCIÓN POR CREENCIAS PERSONALES**: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

***Personal exemption** to the following vaccine(s):*
***Exención por creencias personales** de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

## 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] |
| *Haemophilus influenzae* 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] | 2/1 [n] | 2/1 [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. The second dose should be administered at least 4 weeks after the first dose, and the third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) and is not to be administered prior to that age.

**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:** If the second dose of varicella vaccine was administered to a child <13 years, the minimum interval between dose 1 and dose 2 is 3 months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is ≥13 years, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.

**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.

## 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.

| School Year | Grade Level | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 2007–08 | Var2 | Var1 | Var1 | Var1 | Var1 | Var1 | Tdap Var1 | Var1 | | | Tdap | | |
| 2008–09 | Var2 | Var2 | Var1 | Var1 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Var1 | | Tdap | Tdap | |
| 2009–10 | Var2 | Var2 | Var2 | Var1 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Var1 | Tdap | Tdap | Tdap |
| 2010–11 | Var2 | Var2 | Var2 | Var2 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | 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 |

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TOWN OF ERIE
CLIMBING WAIVER & RELEASE OF LIABILITY
*READ BEFORE SIGNING*

Name of Participant:_____ Date:_____

In consideration for permission by the Town of Erie for my minor child to participate in all climbing activities operated by the Town, on behalf of my minor child identified below, I (on my own behalf, on my child's behalf, and on behalf of our heirs, personal representatives, successors and assigns), acknowledge, understand and agree to the following:

1. My minor child and I will obey all rules and regulations of the climbing program established by the Town of Erie, its officers, agents, and employees (herein after referred to as the "Town of Erie").

2. I understand and acknowledge that my minor child's participation in the activities in the climbing program carries with it certain inherent risks that cannot be eliminated, regardless of the care taken to avoid injury. These specific risks vary from one activity to another, but the risks include (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, fractured or broken bones, heart attacks and concussions; and (3) catastrophic injuries including paralysis and death. Such risks may result from many factors including, but not limited to, falls from or contact with walls or equipment, bad decision making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, or accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the activities of the climbing program and agree that said list in no way limits the extent or reach of this Waiver and Release of Liability. I assert that my minor child's participation is voluntary and I knowingly assume all such risks.

3. I do hereby release and agree to hold harmless the Town of Erie from claims, demands, actions or causes of action on account of any injury or death to my minor child, or damage to my minor child's property which may occur from any cause during said programs, in my minor child's participation in these programs, or in connection with any activities incidental thereto.

4. I authorize the Town of Erie to arrange emergency medical care for my minor child, solely at my expense, should it become necessary to do so in the event of injury to my minor child.

I have read the above statement and agree to all of its terms, waivers and releases of liability.

_____ Date: _____
Signature of parent of guardian

_____ _____
Printed name of parent or guardian Printed name of minor child

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**Staff Use Only**
Staff Member: _____ Date Received: _____

(Rev. 2/2008)

# 2013 Camp Erie Contact List

*Please tear off this portion of the packet and keep it at home.*

| Name | Phone | Email |
|---|---|---|
| Erie Community Center<br>Guest Service | 303.926.2550 | N/A |
| John Pryor<br>Programs Manager | 303.926.2796 (desk)<br>303.990.3178 (mobile) | jpryor@erieco.gov |
| Erie Community Center<br>Camp Director | 303.990.3179 (mobile) | sdriver@erieco.gov |
| Aspen Ridge Preparatory School<br>Camp Director | 303.902.8013 (mobile) | TBD |
| Aspen Ridge Preparatory School<br>Before & After School Hotline | 303.926.2736 | N/A |

## Important Addresses

Erie Community Center

450 Powers Street

Erie, CO 80516

Aspen Ridge Preparatory School

705 Austin Avenue

Erie, CO 80516

*This portion of the 2013 Camp Erie Participant Forms needs to be kept at home.*