

Camp Registration 2019

Outdoor Ministry season 2019 is upon us! We're excited that you are considering attending camp this year. Each year, camp is always one of the highlights of our ministry with youth. At Heart of the Rockies Christian Church, we believe in the importance of camp, in the ways it inspires, shapes, and empowers our young folks. So we support our children and youth's participation in camp in a variety of ways, including helping offset the financial cost and offering scholarships for those who need additional financial support.

* * *

PLEASE DOUBLE CHECK YOUR FORMS – and submit this with them!!

Please INITIAL once you have checked each section.

____ Notary signature on page 6 (Sarah, our Executive Assistant, is a notary.)

____ Parent signatures on pages 3, 4, 6, 7

____ Camper signature on page 4

____ Doctor signature on page 5

____ Immunization record COMPLETE (or attached)

____ Immunization record signed by doctor

____ All pages COMPLETE and ATTACHED

____ COPY OF INSURANCE CARD (FRONT & BACK) ATTACHED

****Every person with a COMPLETE registration packet received on or before March 17th will be entered in a drawing for an additional \$50 off their registration fee****

**FORMS DUE TO THE CHURCH OFFICE NO
LATER THAN SUNDAY, MARCH 31ST**

2019 CAMPS PARENT INFORMATION PAGES

DIRECTORS FOR 2019 RESIDENT CAMPS ARE:

Discovery Camp: **Alanna Hunter-Crump**, Cairn Christian Church, Lafayette, CO (303-507-6920)
Rick Espey, South Broadway Christian Church, Denver, CO (303-506-5204)

Junior Camp: **Ann Espey**, South Broadway Christian Church, Denver, CO (303-618-5407)
Toby Brown, Village Christian Church, Colo Spgs, CO (719-252-5749)

Chi Rho Camp: **Hana Bustillos**, First Christian Church, Colo Spgs, CO (910-527-5425)
Mario Bustillos, First Christian Church, Colo Spgs, CO (910-527-5424)

CYF Camp: **Rachel Nelson**, Heart of the Rockies CC, Ft. Collins, CO (90-372-7090)
Nicole Langreder, Central Christian Church, Pueblo, CO 719-289-2129)

CRMR Associate Regional Minister to Youth:

Shelly Garrison, Village Christian, Colorado Springs, CO (719-201-3419)

CHECK-IN AND CHECK-OUT TIMES FOR RESIDENT CAMPS:

DISCOVERY	Check-In:	4:00 p.m., Thursday, June 20
	Check-Out	10:00 a.m., Saturday, June 22
JUNIOR	Check-In:	4:00 p.m., Sunday, June 9
	Check-Out:	10:00 a.m., Saturday, June 15
CHI RHO	Check-In:	4:00 p.m., Sunday, June 16
	Check-Out:	10:00 a.m., Saturday, June 22
CYF	Check-In:	4:00 p.m., Sunday, June 9
	Check-Out:	10:00 a.m., Saturday, June 15

PLEASE DO NOT DROP OFF CAMPERS EARLY.

It is La Foret's policy that no youth may be on the premises until check in begins, see above for check in times. The camp staff will not assume responsibility or liability for any youth until they have officially checked into the camp. Also, please be prompt in arriving to pick up campers on the last day of camp.

Check-in procedures should run easily and smoothly since all the required paperwork is already processed. This means you can anticipate checking in, getting your cabin and counselor assignments, moving your stuff to your cabin, having a brief check-in with the health personnel, and beginning the week!

MEDICATIONS:

All medications, including vitamins, cough drops, etc., should be packed separately, IN THEIR ORIGINAL CONTAINER. The container shall be clearly labeled with the camper's name and turned in to the camp health person at the registration table.

SPECIAL HEALTH NOTE:

Please do not send your child/youth to camp with any of the following symptoms:

- Undiagnosed rash, sore or other skin condition
- Severe sore throat
- Excessive coughing
- Diarrhea or vomiting
- Fever

- Any other contagious disease or symptoms

INSURANCE:

Both La Foret Camp and the Christian Church (DOC) Central Rocky Mountain Region, carry "excess insurance" to cover accidents, *not illness*, for those attending camp. "Excess Insurance" means that any costs which are not covered by personal insurance plans on the camper will be covered by the LaForet and/or CRMR policies. You will provide the information we need about your family medical insurance on page 5. We must have this information, and this will be the information we use, in case we need to take your child / youth for emergency medical care.

Any bill which you receive for emergency medical care while at camp, over and above what is covered by your insurance, should be submitted for payment to the CRMR.

SUPERVISION AND PARTICIPATION:

Campers are under the supervision of a cabin counselor and the directors of the camp and are expected to abide by the rules and covenant of the camp at all times. Campers are expected to participate in ALL camp activities unless specifically excused by a doctor or parent in writing (pages 5 and 7 of Health & Signature pages). The ultimate result of non-cooperation and / or consistent behavioral problems will be expulsion from camp and a phone call to the parent to pick up the child. In this instance the Regional staff and the local pastor will also be contacted.

VISITATION DURING CAMP:

Visits to campers during camp are discouraged. Unexpected visits can disrupt the program, community and operation of the camp and could be upsetting to your youth or other campers. Interruptions of group leaders and staff time hinder their effectiveness with the campers. For safety and security reasons for your child / youth, the camp staff will be on the lookout, and report any strangers wandering about amidst the campers during the week. Should a parent or guardian need to contact their child / youth, this should be done by **prior arrangement** with the camp Director. However, if parents feel the need to visit to be aware of curriculum, environment, activities, etc., please contact the Director a week before the camp so arrangements can be made. Each camp will have a unique schedule, so the best time for a visit can be determined by the camp Director. Any expense incurred by your visit will be entirely yours.

PHONES:

Campers are not permitted to make phone calls unless it is deemed necessary by, or has been previously arranged with, the Director of the camp. Campers are not to bring cell phones or other communication devices. Those who travel with their cell phone to camp must check them in at registration and they will be returned at check out.

MONEY:

Campers may bring money for the offerings and items from the camp store. Junior and Discovery campers will likely be asked to turn in their money at the registration table. If this is done, the camp Directors will keep charge of this money and keep an accounting of it for the youth, and the leftover money will be returned to the youth at the end of camp. The purpose of this is to remove money from the cabins and all the problems that can come with money being lost or taken. Excessive amounts of money should not be brought to camp.

DO NOT BRING ANY OF THE FOLLOWING:

TV's or similar items, tobacco or marijuana products of any nature, illegal drugs or alcohol, firearms, knives of any kind, fireworks, candles, matches, lighters, cell phones, laser lights or pointers, CDs; electronic games, Ipods, I pads or other tablets, computers/lap tops. If any of these items are desired or needed for the camp, the Director and counselors will arrange for and provide these items.



Dividends for Life!

Dear Parent/Guardian of La Foret Camper:

The program that you are registering for is to be held at La Foret Conference & Retreat Center. Our facility is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a children's camp. You may ask to see a copy of the license which is posted in our office.

At La Foret we make every effort to provide a safe and healthy environment for children by meeting and exceeding the standards put in place by the State of Colorado. If you have any questions or concerns regarding our facilities, license, or your child's well being, you may contact our office at (719) 495-2743.

In order for La Foret to be in compliance with the laws of the State of Colorado concerning the care of children and youth away from the immediate supervision of their families, the following packet of paperwork must be completed for your camper to stay overnight at La Foret.

For additional information about licensing, or if you have concerns about a camp facility, please call the Division of Child Care of the Colorado Department of Human Services at (303) 866-5958.

Colorado Department of Human Services
Division of Child Care
1575 Sherman Street, First Floor
Denver, CO 80203-1714

To report abuse: (719) 444-5700 weekdays or (719) 475-9593 night and weekends

We are extremely excited to see your child at camp this year!

Sincerely,

Heather A Rousseau
Operations Manager

2019 SUMMER CAMPS PAPER REGISTRATION FORM - YOUTH
Central Rocky Mountain Region Christian Church (Disciples of Christ)

All forms and payment due in CRMR office by April 19, 2019

I am registering for : (check one)

- CYF-High School Camp, students completing 9th, 10th, 11th, 12th grade; June 9-15 Cost \$330
- Chi Rho-Middle School Camp, those completing 6th, 7th, 8th grade; June 16-22, Cost \$330
- Junior Youth Camp, those completing 3rd, 4th, 5th grade; June 9-15, Cost \$330
- Discovery Camp, those completing 1st, 2nd, 3rd grade; June 20-22, Cost \$110

*Students completing 3rd grade can decide to go to either Junior or Discovery Camp

CAMPER INFORMATION

Camper's Name _____ Parent/Guardian Name: _____

Home Address _____ City _____ State _____ Zip Code _____

Parent/Guardian phone (cell) _____ (work) _____

Camper phone _____

2nd Family address/phone if needed _____

Birthdate _____ Grade completed _____ Male _____ Female _____

Camper e-mail _____

Parent e-mail _____

Would you prefer to receive camp information by **email** or **regular mail**? (please circle one)

Home church _____

Other family members attending this camp? Name, relationship: _____

Emergency Contact Name _____ Relationship _____ Phone _____
(other than parent listed above)

2nd Emergency Contact: Name _____ Relationship _____ Phone _____

Transportation

Persons designated to take child from camp (if not listed above), provide name and phone number:

Persons NOT permitted to take child from camp (we are aware that the general public is not permitted, please list specific individuals that are of concern):

CAMPER PROFILE AND DAILY LIVING SKILLS

Camper's Name (Please print) _____

Our camp staffs work in covenant with you the parents/guardians of the children and youth attending camp. The more information you supply about your daughter or son the better the staff can prepare for her or his presence in camp. This information is treated as confidential and is shared only among those working with the specific camp your child has registered for. If more room is needed for explanation, please attach another page. Thank you for helping us provide your child the best camping experience possible!

Please check all that apply

Social Abilities

- Participates and plays well with others
- Has some difficulty around other children
- Prefers limited contact with others
- Prefers solo activities
- Shy, withdrawn
- Needs extra encouragement to participate
- Follows instructions well
- Participates well in group activity
- Is independent, doesn't need much support
- Engages in harmful behavior to others:
 Never; Rarely*; Often*

*Please explain:

Engages in harmful behavior to self:
 Never; Rarely*; Often*

*Please explain:

Engages in tantrums:
 Never; Rarely*; Often*

*Please explain:

Need for Attention

- Satisfied with reasonable amount
- Requires more than an average amount
- Requires a high amount

Sleeping Habits and Routines

- Has difficulty sleeping at night:
 Rarely; Sometimes; Always
- Gets out of bed during the night:
 Rarely; Sometimes; Always
- Wets the bed at night

If difficulty sleeping usual intervention is:

Has your child/youth been away from home over night: Yes No

Meals and Eating Habits:

- We provide three meals and a couple of snacks a day.
- My child eats only at meal times: Yes; No
- My child eats throughout the day: Yes; No
- My child is a light eater: Yes; No
- My child is a heavy eater: Yes; No
- Does your child have an eating disorder:

For Girls:

Has this person menstruated? _____
If not, has she been told about it? _____

Has your child been involved with drugs of any kind? **Yes/No**

Does your child smoke? **Yes/No**

What is your child's swimming ability? non-swimmer beginner advanced

What do you hope for your child by attending camp? _____

Describe your child's strength and abilities (social skills, behaviors, etc) _____

Describe your child's challenges (social skills, behaviors, speech/language, activities, etc) _____

Does your child have an IEP or behavior plan in school?

If so does it contain any information we need to know? (use back of page if more space is needed)

Have significant events occurred in the camper's life recently (death, divorce, separation, etc.)? (use back if needed)

Photograph Reproduction Consent

I give my consent for photographs to be taken of my son/daughter during events sponsored in whole or in part by the Central Rocky Mountain Region (Disciples of Christ) to be reproduced and/or used in printed materials and websites which are the property of the CRMR (DOC) and the La Foret Conference and Retreat Center, or other partner agents of the CRMR (DOC). I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

Yes No

Signature (parent or guardian if camper is under 18 years.)

Date

Dietary Restrictions

Please list any restrictions or food allergies and their severity.

Please note – if this section is left blank we will assume there are no dietary restrictions or allergies.

Vegan Vegetarian Omnivore

Peanut Allergy : _____

Celiac Disease: _____

Lactose Intolerant: _____

Other: _____

CRMR 2019 Summer Camps Health and Signature Pages

Read This: Parent / Guardian signatures on page 6 must be notarized. All these Health & Signatures pages must be **mailed in by your church** to the Regional Office TOGETHER, fully filled out, and signed by the Camper, Parent/Guardian, Physician, Pastor and Notary by April 19. Sending incomplete or late forms will be subject to the \$20 late fee and may result in the loss of opportunity to attend the desired camp. Space is limited, first come first serve, so have your church mail this in time. Registration fee includes all activities, activity supplies, lodging, meals, and snacks while at camp. Camp store, offering and meals to and from camp are not included
Refund Policy: All but \$30.00 returned up to 14 days before camp begins. In the event the camp fills and you do not make it from the waiting list, you will receive a full refund.

2019 CRMR Camp Covenant

Camper Covenant of Conduct :

I will fully cooperate with the staff, Policies & Procedures, and program established by the CRMR so as not to discredit my parents, my pastor, my church, or myself. I agree to:

- Participate fully in all camp activities unless otherwise stated by parent/guardian/healthcare provider.
- Respect other campers, myself and staff, as well as camp facilities and others campers' property.
- Refrain from bringing any electronic devices, fireworks, alcohol, tobacco or other drugs, firearms, matches/lighters and anything else that may distract myself or others from fully experiencing camp.
- Refrain from inappropriate sexual activity, "raiding", and sneaking out at night or other times.
- Give all prescription and non-prescription medications to the health staff in the original container.
- Arrive on time and stay for the entire event. No visitors without advanced permission from Directors.

Camper Signature _____ Date _____

Parent/Guardian Covenant:

I have read the Camper Covenant of Conduct, and I agree that my child is to be held accountable to the covenant. If the Directors decide my child needs to be sent home due to misconduct or illness I agree to come to camp and pick them up, at my expense. I will inform the Directors of any emotional, psychological, or family issues that might affect camp participation. I agree to update any information on these forms that has changed between now and the time camp begins.

Parent/Guardian Signature _____ Date _____

Pastor Recommendation:

I recommend this camper as one who will cooperate with the staff, Policies & Procedures, and camp program. I will inform the Directors of any emotional, psychological, or family issues that might affect camp participation. The church and I will be in prayerful support for a successful event.

Pastor's Signature _____ Date _____

Phone _____

CAMPERS MEDICAL HISTORY

Camper Name: _____

Health Insurance Company: _____ Policy # _____ Group # _____

Please include a copy of your medical insurance card and your child's current vaccine record

Date of most recent physical exam (must be within 12 months from start of camp) _____

Do you have any of the following conditions?

- yes no Diabetes
- yes no Epilepsy/Seizures
- yes no Asthma/Reactive airway disease
- yes no Enuresis/bed wetting
- yes no History of alcohol or other drug use
- yes no Other _____

Allergies:

- yes no Environmental/Hay Fever
- yes no Poison Ivy
- yes no Insect Stings
- yes no Medication _____
- yes no Food _____

yes no Epinephrine/Epi pen prescribed?

(*Please send appropriate medication if needed)

List any surgeries or serious injuries in the past two years: _____

Restricted Activities: _____

Dietary Restrictions: _____

Standard Over-the-Counter Medication:

The following medications can be administered by camp personnel if approval is given by the healthcare provider. Unless otherwise specified on this form, the route of administration, dosage, and schedule will be determined based on the manufacturer's instructions as appropriate for camper's age, weight etc. Generic equivalents of name brands may also be administered; please indicate if a child has an allergy to any specific medications. **Cross out those which your camper should not be given.**

- | | | |
|-------------------------|------------------------------|----------------------------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Diphenhydramine (Benadryl) |
| Aloe Vera | Claritin | Antibiotic ointment |
| Cough Drops | Hydrocortisone cream | Calamine/caladryl lotion |
| Tums Antacid | Prune Juice for constipation | Solar Caine |
| Sunscreen | Mosquito spray/repellant | Carmex or similar lip balm |

Has the camper been taken off any medication for the summer? No Yes, _____

Is the camper on any prescription or non-prescription medication? No Yes

*If yes, please list exactly what, when, and why it is to be taken: (Attach additional information as needed)

Name of medication	dosage	frequency	purpose

Name of medication	dosage	frequency	purpose

Name of medication	dosage	frequency	purpose

I have examined this person and found him/her to be in satisfactory physical condition, free from any apparent contagious disease and capable of active participation in a regular camp program.

Signature of Health Care Provider: _____

Health care provider printed name: _____ Date _____

Clinic address and phone number: _____

Activity Release & Authorizations

Parental Liability and Activity Release:

My child, _____ will cooperate with the staff, rules, and program of the camp. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the camp/sport activities contain inherent risk of injury. Any controversy or claim arising out of or related to the student's participation in this camp shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association. I also give consent for my child to go on authorized trips away from camp premises. I understand photos and/or video will be taken throughout the camp session as part of the program, and I release any media to be used for promotional purposes only.

Parent / Legal Guardian Signature: _____ Date: _____

Authorization for Routine Medical Care

I hereby give permission for the designated Health Supervisor to provide routine medical care for my child for such minor injuries as scrapes and bruises, and to dispense the prescription and non prescription medications listed on my child's *Camper Health Statement* (see page 5).

Parent / Legal Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care

It is understood that La Foret and the camp program staff will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary, our church activities insurance is secondary; and the camp policy is third. I hereby consent to my child participating in all camp activities. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor, or other first-aid personnel. I will accept the expense of emergency medical or surgical treatment. I also give permission for the dispensing of listed medications to my camper as instructed. All health information I have provided on these forms is current and pertinent

Parent / Legal Guardian Signature: _____ Date: _____

Notary Signature

Subscribed and sworn before me on this _____ day of _____, 20____.

Acknowledgment & Assumption of Risks and Waiver of Claims

Camper's Name (Please print) _____

Please read carefully before signing. This document includes a release of liability and waiver of certain legal rights.

In consideration of my child's participation in camping activities sponsored by the Central Rocky Mountain Region (Disciples of Christ) and held at the La Foret Conference and Retreat Center:

Acknowledgement of Risks

- I understand that there are numerous risks associated with participation in any camping activities, including such things as hiking, swimming, backpacking, ropes courses, field games, crafts and transportation to and from camp activities, and that many, but not all, of these risks are inherent in these and other activities. These risks, which contribute to the unique character and desirability of the activities involved, may pose the possibility of severe injury, illness or death. I further understand that most of the activities involved in the camping experience at La Foret will take place in an outdoor environment, and that the Central Rocky Mountain Region (Disciples of Christ) and La Foret staff have taken all reasonable measures to insure the safety and well being of all participants, including, but not limited to:
- insuring that any instructors for activities given at La Foret meet all the requirements (Local, State or Federal) for that position
- all volunteers at La Foret have been recommended by and approved by their local church and have passed a background check.
- all obvious and known hazards have been removed from the actual camping areas
- all persons driving participants to and from activities have a valid driver's license.

I also understand that many of the risks inherent in the camping experience cannot be eliminated, altered or controlled. Some, but not all, of the specific risks include:

- Weather conditions may change rapidly and unpredictably and may directly cause injury, i.e. severe rainstorms, hail storms, sunburn, lightning strikes, cold temperatures, or by acting on other factors, i.e. performance of equipment may be impaired by weather conditions.
- Equipment used in activities may break, fail, or malfunction, despite reasonable maintenance and use, and may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and/or others.
- Most activities take place in a natural environment, where unexpected, unseen, and unknown/unmarked objects and conditions create risk of injury, i.e. falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation.
- Counselors and guides use their best judgment in determining camper's ability to participate in camp activities. However, campers may have unknown conditions which would limit their participation in certain activities or increase camper's risks of injury. **It is imperative that parents notify the event staff, in writing, of any known limitations.**
- Motor vehicle accidents, not the direct fault of La Foret directors and counselors may occur in the course of transporting participants to and from other activities.
- Some camping activities may have inherent risks, due to the nature of the camping experience, and there may be other risks which cannot be anticipated.

Acknowledging the above risks and other potential risks, I give permission for my child to participate in **(please check one)**

all camp activities, including those described above

all camp activities except as noted on the medical form

I acknowledge and assume the risks involved in any of these activities and for any damage, illness, injury or death resulting from such risks, for myself and my child, with the exception of any unapproved activities described above. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me/us in writing to the Central Rocky Mountain Region (Disciples of Christ) and to the La Foret Conference and Retreat Center.

Release, Waiver of Liability, and Indemnification:

I, on behalf of myself and/or my child, absent gross negligence or willful misconduct hereby release and waive any claim of liability against the Central Rocky Mountain Region (Disciples of Christ) and the La Foret Conference and Retreat Center and its employees and agents with respect to any injury, illness, damage or death, occurring to me or my child while he/she participates in any and all camp/retreats programs and activities.

Governing Law

I agree that this document, and all other aspects of my relationship and my child's relationship with the Central Rocky Mountain Region (Disciples of Christ) and its agents and employees, shall be governed by the laws of the State of Colorado. Further, I agree that any legal proceedings concerning such relationship shall be filed exclusively in the State of Colorado.

I have read and understand the above and agree to be bound by the terms of this document.

Parent/Guardian signatures (if participant is under 18 years old)

Date

Camper(if 18 or older)/Adult Participant/Camp Staff signature

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	<i>Haemophilus influenzae</i> type b
IPV/OPV	Polio
PCV	Pneumococcal Conjugate
MMR	Measles, Mumps, Rubella
Varicella	Chickenpox

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.

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

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

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.

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

Religious exemption to the following vaccine(s):
 Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

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.

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

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

Hep B DTaP Tdap Hib IPV PCV MMR VAR

DID YOU ATTACH A COPY OF YOUR INSURANCE CARD? FRONT AND BACK BOTH, PLEASE!

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XX-XXXX	EFFECTIVE DATE: XX-XX-XXXX
GROUP #: XXXXXX-XXX-XXX	PRESCRIPTION GROUP #: XXXXX
PCP CO-PAY: \$15.00 SPECIALIST CO-PAY: \$25.00 EMER. ROOM CO-PAY: \$75.00	PRESCRIPTION CO-PAY: \$15 GEN NAME
MEMBER SERVICES: 1-800-XXX-XXXX CLAIMS/INQUIRIES: 1-800-XXX-XXXX	

