



2020-2021

STATE REQUIRED REC KIDS FORMS

Forms Required:

- State Required Form (attached in this packet)
- A copy of the child's Colorado Immunization Form must be attached to this form

The forms you submit in September 2020 will be valid throughout the entire 2020-2021 Eagle County School year and summer of 2021, until August 31, 2021.

Please email completed forms to reckids@mountainrec.org

Why Do I Need to Fill Out State Required Rec Kids Forms?

In order to keep our childcare license valid with the state, we MUST have a copy of these forms on-hand at every camp we offer for every kid at camp that day. If we break this rule, we risk losing our license and the ability to provide these important programs for our community.

It's the same information as Eagle County Schools

If your child attends any Eagle County School, you are already filling out the exact same state immunization form we need for Rec Kids.

We've heard your frustration of filling out similar forms twice at different times during the year. Now just do it all at once and be set for the school year and following summer.

Parent Handbook - Your go-to resource for Rec Kids policies, refunds, late pick-up, medications, authorized pick-up lists, what to bring & what not to bring.



STATE REQUIRED FORMS- DAY CAMPS



Office Use only: First Date of Camp: ___/___/___

Campers Information

Last Name:		First Name:	
Birth Date:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Other: _____
Lives With: Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Both Parents <input type="checkbox"/>	Grandparent <input type="checkbox"/> Other: _____

Parent / Guardian 1 Information		Parent / Guardian 2 Information	
Name:		Name:	
Address:		Address:	
City:	State:	Zip:	City:
Employer:		Employer:	
Location:	Work#	Location:	Work#
Cell #	Home #	Cell #	Home #
Email:		Email:	

Special Instructions For Reaching Parents: _____

Emergency Contacts /Authorized Pick Ups (Cannot be parents / guardians, any changes or additions must be made in writing)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Contact Information

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Does your child have any chronic illnesses, allergies, medication needs, special diets, as well as any emotional or behavioral concerns: Please circle: Yes No If Yes, please explain: _____

Are there any activities your child is unable to participate in due to physical, social or religious reasons? Please circle: Yes No If yes, please explain: _____

Parent's Signature: _____ Date: _____

ADDITIONAL WAIVERS

Camper's Name: _____

Camper's Grade in Fall: _____

___ **Parent Handbook:** I have received the Day Camps Parent Handbook/Registration Guide and agree to familiarize myself to understand all policies, procedures and activities relating to my child participation.

___ **Participant Waiver:** I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my and /or children's actions and physical condition. I agree to indemnify and hold Mountain Recreation Metropolitan District and its Directors, Officers, agents and employees from liability, loss, cost or expenses (including attorney fees, medical and ambulance costs) that I may incur in registered activities.

___ **Activity Participation:** My child has permission to participate in walking and/or traveling field trips and program activities sponsored by Mountain Recreation Metropolitan District. All walking field trips will be posted at your camp location the day of the trip.

___ **Transportation Permission:** My child has my permission to be transported by Mountain Recreation Metropolitan District through Eagle County School District staff and personnel and Mountain Recreation vehicles for scheduled activities.

___ **Emergency Medical Authorization:** I hereby give my permission to the Mountain Recreation Metropolitan District to call a doctor or transport for medical or surgical care for my child listed above should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken; but if it is not possible to locate us, this expense will be accepted by us.

___ **Sun Screen Waiver:** I give employees of Mountain Recreation Metropolitan District program permission to apply sunscreen to my child on an as-needed basis, as prescribed by the directions on the bottle. Our camps use Rocky Mountain Sunscreen.

___ **Movies:** I give permission for my child to view movies rated (G and PG) while in Day Camps. (normally used for either educational purposes, lasting inclement weather or special events).

___ **Photo Release:** My child and I give Mountain Recreation Metropolitan District and their partners permission for reasonable and proper use of any photograph or video taken of me or my child or any written or verbal statement made by me or my child during or pertaining to a facility visit or program.

If any of the above waivers are not initialed, please give reason (please understand that this may prevent your child from participating in this camp):

I have read and understand these policies:

Parent/Guardian Signature: _____ Date: _____

A copy of the child's Colorado Immunization Form must be attached to this form

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (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							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease	Varicella - positive screen date
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: _____

Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____

Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____