

Camper's Name _____ Date of Birth _____

Parent/Guardian _____ Dates of the Camp Session _____

**Colorado Department of Health and the Environment
Approved Alternate Certificate of Immunization (rev 12/11)**

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 _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM CAMP AND QUARANTINE.

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.

Signed _____ Date _____
Physician

Medical exemption to the following vaccine(s):

HepB 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.

Signed _____ Date _____
Parent, guardian, emancipated Scout/consenting minor

Religious exemption to the following vaccine(s):

HepB 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.

Signed _____ Date _____
Parent, guardian, emancipated Scout/consenting minor

Personal exemption to the following vaccine(s):

HepB DTaP Tdap Hib IPV PCV MMR VAR

PARENT/GUARDIAN AUTHORIZATIONS

Parent/Guardian Name _____	Parent/Guardian Name _____
Parent/Guardian Address _____	Parent/Guardian Address _____
Parent/Guardian Telephone Day _____	Parent/Guardian Telephone Day _____
Eve _____ Cell _____	Eve _____ Cell _____
Place of Employment _____	Place of Employment _____
Address _____	Address _____
Phone # _____	Phone # _____

Individual authorized to take the Scout from camp if different from the parent or guardian:
 Name _____ Address _____ City _____ ST ____ Zip _____
 Phone # Day _____ Eve _____ Cell _____

I hereby authorize the above named person to participate in all special trips or excursions in which the Scout may be walking or riding away from the campsite.
 Parent/Guardian/Custodial Adult _____ Date _____

The above named person is restricted from the activities listed below:

 Parent/Guardian/Custodial Adult _____ Date _____

My child carries an epi pen: Yes No My child carries an inhaler: Yes No
 I hereby give my permission for my child to carry the above mentioned emergency medications _____
 (Parent, guardian, emancipated Scout/consenting minor)