

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH SCOUT ATTENDING A COLORADO SCOUT CAMP

Name _____ Date of Birth _____
 Parent/Guardian _____ Dates of the Camp Session _____

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					
					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 TO 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 (Medico)

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

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

Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):
 HepB DTaP Tdap Hib IPV PCV MMR VAR

PARENT/GUARDIAN AUTHORIZATIONS

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