Dear Camper/Caregiver/Family:

Welcome to the Colorado Lions Camp! Thank you for your interest in attending our Weekend Respite Camps. We have many fun and exciting activities planned and look forward to seeing you there. Please note that we will have a total of **12** spots open for each scheduled weekend. Openings will be filled on a first-come, first-served basis, so please complete your application quickly. Get ready for an awesome time!

Respite Camp Dates

#1 October 16-19, 2025 (Thursday-Sunday) **Respite Cost 400.00**
#2 November 7-9, 2025 (Friday-Sunday) **Respite Cost 300.00**
#3 December 11-14, 2025 (Thursday-Sunday) **Respite Cost 400.00**
#4 January 9-11, 2026 (Friday-Sunday) **Meet at Great Wolf Lodge 400.00**
#5 February 27- March 1, 2026 (Friday-Sunday) **Respite Cost 300.00**
#6 April 15-19, 2026 (Wednesday-Sunday) **Travel Respite Cost 500.00**

Please Note: For the Great Wolf Lodge, the camper **MUST** be comfortable at the water park, and we will visit the water park multiple times throughout our stay. The ratio will be 1:4/5 (1 staff member and 4 to 5 campers). You will get more details, but there will be no drop-off at camp; the drop-off will be at the Great Wolf Lodge. If your camper is on an SLS or CES waiver, if you cancel, we will bill the deposit due to the spot being held.

Required Materials:

- Completed 2025-2026 Respite Camper Application (all pages)
  - All paperwork must be filled out completely and signed.
- Camp Deposit Fee - $150.00
  - Check, Money Order, or Credit Card, or unless billing Medicaid or an agency, then no registration fee is required. Camp must receive Medicaid/agency authorization **before** the scheduled respite date(s). Please make checks/money orders payable to: Colorado Lions Camp

Medical Forms: Physicals no later than **12 MONTHS** from your selected camp date will be accepted. All campers are required to have a current physical on file at camp. The physical must be signed by a physician and must be on CLC's camp physical form. Physicals **MUST ARRIVE NO LATER THAN TWO WEEKS BEFORE** the respite session you are accepted to.

Please email or call Colorado Lions Camp at clcoffice@coloradolionscamp.org or (719) 687-2087 for any additional information.

Yours in Camping,
Colorado Lions Camp

Colorado Lions Camp
RESPITE CAMP PROGRAM

The Colorado Lions Camp's mission is to provide exceptional camping programs to individuals with varying abilities that promote independence, challenge their abilities, and provide opportunities to discover his/her potential in a safe, positive environment.

Eligibility Requirements:

1. Our program is specially designed to meet the needs of campers aged 8 to senior adults, who are: deaf or hard of hearing, blind or visually impaired, developmentally challenged, with physical impairments, and with other mental conditions.. Campers must be able to maneuver up/down an incline, as the camp is built on a mountainside. If you have any questions regarding eligibility, please contact the camp at (719) 687-2087.

2. Applicants will be required to possess basic independent living skills such as self-feeding, showering, dressing, and toileting. **Applicants must be continent, have normal bowel and kidney function, and must not use oxygen during the day.** Applicants must display self-sufficient skills so as to **NOT require one-on-one supervision** and can be managed with a 1:4 staff-to-camper ratio. Due to the age range of our campers, no camper will be accepted who cannot be in contact with those under 18.

Applicants that are NOT accepted:

- Incomplete applications.
- Those with a contagious or infectious disease.
- Those who are incontinent and unable to take care of their personal hygiene needs.
- Those who are medically fragile, whose needs exceed our ability to care for them adequately.
- Those with challenges that would limit their ability to benefit from camp group activities. This includes physical, behavioral, and/or emotional issues that would require one-on-one supervision.

***During Respite Weekends, a licensed RN, LPN, MA, or QMAP trained staff member will be available to administer medications. Staff members are first aid and CPR certified. All medical emergencies will go to the local hospital.**

Letter of Confirmation

If eligible, a letter of confirmation and packing list will be mailed to the applicant or parent/caregiver upon acceptance.

Cancellation Policy

All advanced fees paid will be refunded in full if notice is received in the Colorado Lions Camp office within 15 days before the applicant's session. If less than 15 days' notice is received, all but the deposit will be refunded. If the applicant has not paid the deposit, the applicant will be billed. Promptly notify the camp in the event of a cancellation.

Colorado Lions Camp
IMPORTANT CAMP INFORMATION

1. **Check-In Time:** Registration time is assigned to you and will continue until **6:15 p.m**. on the **THURSDAY or FRIDAY** of each designated respite weekend. Parents/caregivers will be required to stay through the entire check-in process. You will still need to meet with our Camp Nurse and CLC Executive Director. **We are unable to accommodate early check-ins.**

2. **Check-Out Time:** **Camper check-out is no later than 11:00 am on SUNDAY**. There will be a **$100/hour** charge for all late pickups, so please plan accordingly.

3. **Clothing List and Special Equipment:** A detailed clothing list will be provided upon notification of acceptance to the camp. Please bring warm clothing. Laundry facilities are not provided. All clothing and special equipment should be clearly marked with the camper's full name **BEFORE** check-in on Thursday or Friday. **The camp is not responsible for lost, misplaced, or damaged items.** Colorado Lions Camp staff will do their best to ensure that soiled clothing is cleaned and returned with the camper on Sunday. In the event that a soiled piece of clothing is unsavable, the item may be discarded and not returned.

4. **Supervision:** Activities are well supervised, and staff members are required to complete the CLC training program. Supervision is provided 24 hours a day; however, 1:1 supervision is **NOT** available.

5. **Health Care/Med Check-In Procedure:** Medical personnel are on duty 24 hours a day for the duration of the respite weekend. The Camp Nurse is responsible for administering all medications as ordered by the physician or CLC Standing Orders. Doctors are on-call for CLC in the event they are needed. **A four-day supply of medicine must be sent with your camper for respite weekends.** All medication (pills) **MUST** be pre-poured into a med minder box by the camper's pharmacist/parent/caregiver/agency. You will need to include the original prescription bottles with one pill inside and/or bubble packs with the remaining pills for verification. Any medication changes must be verified by a physician in writing, or the camp's medical staff will refuse to administer it. Any medication not in the original container will not be accepted. A signed liability release statement must be signed by the person who pre-poured the medication(s) and provided to the medical staff at the time of check-in. Parents/caregivers will be contacted if medication problems arise. **Nonprescription, dietary supplements, and homeopathic remedies will NOT be given at camp unless prescribed by a physician.**

6. **Insurance:** Campers are covered by the camp's accident insurance during their stay. Pre-existing conditions are covered by the individual's group medical insurance during the period they are at camp. Insurance of the family/caregiver/camper has first coverage. It is imperative that insurance and medical information be provided on the attached forms.

7. **Licensing:** The Colorado Lions Camp is licensed annually, according to the standards of the Colorado Department of Human Services and the Colorado Department of Health.

8. **Transportation:** Parents/Guardians/Caregivers are responsible for arranging transportation to and from camp. The camp does not provide transportation, nor cover the cost of transportation.

Respite Camp Application

All pages 1-7 of the application MUST be completed and returned to our office for registration.

Applications are processed on a first-come, first-served basis. ***DO NOT*** *wait for medical forms to be completed before submitting your application. Many of our sessions fill up quickly, and you may not be placed in your first choice.*

Camper's Name_____ Nickname_____

Camper's Mailing Address_____

City_____ State_____ Zip Code _____

Age_____ Date of Birth_____ Sex: M / F Returning camper? Yes or No

Parent/Caregiver Name _____

Parent/Caregiver Address _____

Phone Number: Daytime Line: _____ Nighttime Line: _____

Camper lives with: ☐ Independently ☐ Parents ☐ Group Home ☐ Host Home ☐ Other

Primary Email: _____

#1 Emergency Contact Information **#2 Emergency Contact Information**

(These people must be someone OTHER than the above-listed parent/caregiver)

Name_____ Relationship_____ Name_____ Relationship_____

Phone_____ Phone_____

Please circle which respites you would like to attend: 1 2 3 4 5 6

Please provide the name(s) of anyone not authorized to pick up the camper: _____

PAYMENT INFORMATION: (This portion must be filled out for ALL campers.)

*** Camp costs $300.00/400.00/500.00. The $150.00 registration fee is part of the total camp fee.**
*** Full payment is due by the start of the session, unless a CCB/Agency has agreed to pay the full camp fee or the camp will be billing Medicaid.**
*** CLC accepts credit card payments for full camp fees. Call the camp office for more information.**
*** No refunds will be made if the camper leaves camp because of behavior problems, illness, or other reasons by the Executive Director.**

The Camper's fee will be paid by (please fill in all that apply):
$_____Parents $_____Self $_____Medicaid* SLS or CES Waiver $_____Agency $_____CCB
***IF WE ARE TO BILL MEDICAID - WE MUST BE GIVEN A SERVICE PLAN WITH CLC INCLUDED.**

If CCB or Agency will be paying, please fill out the following information completely:
Name of Agency/CCB:_____ Contact Person:_____
Phone Number: _____

PARENT/CAREGIVER CHECKLIST

PLEASE READ AND INITIAL ALL THE FOLLOWING LINES AND RETURN WITH APPLICATION:

The camper application and camper questionnaire forms are **completely** filled out and signed by the legal guardian. Please note that these forms should be forwarded to the camp as soon as possible to reserve your preferred camp date. INITIAL_____

The medical form is completely filled out by authorized medical personnel only and signed by a doctor. *All campers must have a medical report on file with the camp, no older than 12 months from the date of their camp session.* Medical forms must be returned **TWO WEEKS** prior to camp. **Failure to return the Medical Report may result in the camper being dropped from the session, and no refund will be given.** INITIAL_____

I understand that all medications MUST be pre-poured in a med-minder box by a pharmacist, parent/caregiver, or agency. I must bring the original bottles with one pill in the original container and/or a complete bubble pack with the remaining pills (this includes vitamin supplements). Any changes in how the medication is given, or in a dose that differs from those on the bottle, must be verified by a physician in writing, or our medical staff **WILL REFUSE** to administer medication. Any medication not in the original container will not be accepted. A signed liability release statement must be signed by the person who pre-poured the medication to give to the nurse at the time of check-in. Nonprescription, dietary supplements, and homeopathic remedies will NOT be given at camp unless prescribed by a physician. INITIAL_____

I understand that the Colorado Lions Camp does **NOT** provide **1:1 supervision,** and if the camper has inappropriate behaviors or requires 1:1 attention, the camp may require me to pick up the camper before the end of the scheduled session**. No refunds will be made due to an early departure**. INITIAL_____

All advanced fees paid will be refunded in full if notice is received in the CLC office fifteen (15) days prior to the applicant's session. If less than fifteen (15) days' notice is received, all but the deposit will be refunded. If the applicant has not paid the deposit, the applicant will be billed. INITIAL_____

CHECK-IN: **Thursday** or **Friday** between the hours of **3:30 p.m. and 6:15 p.m**. A parent/caregiver or other authorized person will be required to assist the camper during the entire check-in process. INITIAL_____

CHECK-OUT: is SUNDAY by 11:00 a.m. for all campers. There will be a $100/hour fee charged for all late pickups. Please plan accordingly. INITIAL_____

I understand that upon receipt of a medical report, a review of the report by the CLC Camp Nurse and/or Director may result in the cancellation of the camper's session due to unforeseen circumstances. In the event this occurs, you will be contacted directly by the appropriate CLC Staff.

Signature_____ **Date**_____

CAMPER QUESTIONNAIRE

The care of the camper depends on the information provided on this form. Please answer all questions to the best of your ability, and be specific on any details that will be helpful in caring for the needs of the camper. This questionnaire must be completed before an acceptance letter can be sent.

Primary Diagnosis: _____ Secondary Diagnosis: _____
Approximate functional age level: _____

Does the camper have any of the following allergies? **Food** **Environmental** **Medication** **Digesting** **Airborne**

If yes, please use the following space to explain: _____

_____

Does the camper have an allergy that requires an EpiPen? YES NO

Behavior/Social Interaction *(please check all that apply or have occurred within the past year)*

	NO HISTORY		Destructive		Self Abusive		Inappropriate Sexual Behaviors
	Steals		Physically Aggressive (bites, hits, pinches, scratches, etc.)		Wanders/Runs Away		Other:

How often do these behaviors occur? (Please circle) ***Seldom*** (1X or less per month) **Often** (1X or less per week) ***Frequently*** (more than 1X per week) ***Daily***

Please describe in detail these behaviors or any other challenging behaviors we should know about:

_____

_____

Does the camper have a safety plan or behavior management plan in place? (If yes, please submit a copy with the application.): YES NO

What usually triggers challenging behavior?

_____

During the past year, has the camper seen or is currently seeing a professional to address mental/emotional health concerns?
Yes No If yes, please give a brief plan of care camper as follows:

_____

Has the camper had a significant life event (death of a loved one, family change, group home change, trauma, etc) that has occurred in the last year? Yes No If yes, please specify and give additional detail as needed:

_____

Has the camper ever attended camp before? YES NO If yes, name of camp:_____

What hobbies/activities/interests does the camper enjoy doing? _____
Does the camper have any fears? _____
Can the camper sleep on the top bunk? YES NO

Toileting/Showering & Dressing *(Please check all that apply.)*	Independently	With Verbal Cues	Some Assistance	Total Assistance
Uses Toilet* (see below)				
***We understand that toileting accidents occur.** Please circle frequency: Never Rarely Occasionally Frequently *** Campers must be continent. Depends are okay, but the camper must be able to change and clean up without assistance.**				
Menstrual Care				
Showering: Shampooing, Soaping, etc				
Hair Care				
Misc. Ointments, Eye Drops, etc.				
Sunscreen				
Oxygen at Night?				

ALTITUDE AWARENESS DISCLOSURE

Has the camper attended the Colorado Lions Camp before? YES NO
Where is the camper coming from? _____
What is the elevation?_____
Are you aware of the risks of traveling to a higher altitude and elevation? YES NO
Has the camper experienced altitude sickness in the past? YES NO

Does the camper have any of the following pre-existing medical conditions? (Check all that apply.)

	High Blood Pressure		Heart Disease		Emphysema
	Arrhythmias		Congenital Heart Problems		Migraines
	Heart Failure		Pulmonary Hypertension		Strokes
	Asthma		COPD		Seizures
	Other: Be Specific:				

PLEASE READ AND INITIAL

PRE-EXISTING MEDICAL CONDITIONS AT ALTITUDE	INITIAL
HIGH-BLOOD PRESSURE: It is not uncommon for visitors with a history of HBP to experience temporary high blood pressure at high altitudes. Some persons with HBP develop lower blood pressure on ascent to high altitude.	
HEART DISEASE (Coronary Artery Disease): Altitude creates some stress on the heart, which is minimal at rest but can be significant during exercise.	
ARRHYTHMIAS: PVCs or premature ventricular contractions occur frequently at altitude. Irregular heart rhythms should be in good control before going to high altitude.	
CONGENITAL HEART PROBLEMS: Persons born with heart problems such as ventricular septal defect (VSD), atrial septal defect (ASD), patent ductus arteriosus (PDA), or tetralogy of Fallot that is partially corrected may experience increased symptoms at altitude.	
HEART FAILURE: Persons with HF have increased sensitivity to fluid retention. Since retaining fluid at altitude occurs frequently with or without AMS, this could potentially cause a worsening of heart function.	
PULMONARY HYPERTENSION: Since high blood pressure in the pulmonary vessels is the main mechanism that leads to High Altitude Pulmonary Edema (HAPE), persons with pulmonary hypertension have a much higher risk of developing HAPE.	
ASTHMA: As always, any asthmatic should continue their asthma medications and carry a relief inhaler with them at altitude, as they would at sea level or lower elevation.	
COPD/EMPHYSEMA: Campers with chronic lung disease have difficulty transporting oxygen from their lungs to their bloodstream.	
MIGRAINES: If a migraine develops at high altitude, however, it might be difficult to distinguish this from an altitude headache, although an altitude headache does not have an aura and is not unilateral. If your medication is not effective, then you may need oxygen in addition to other treatments.	

I,_____ (Parent/Caregiver/Guardian), have read and understand the risks associated with traveling and staying at the Colorado Lions Camp for the duration of a session for _____ (Camper Name). I also understand that if the camper shows signs or symptoms of any of the mentioned medical conditions, they may be sent to the ER or home. These risks have been provided to me, and I am choosing to allow _____ (Camper Name) to stay and participate at the Colorado Lions Camp despite the associated risks.

_____

_____

Parent/Caregiver/Guardian printed name

Parent/Caregiver/Guardian signature

_____ _____

Executive Director printed name Executive Director Signature

COLORADO LIONS CAMP
CAMPER SEIZURE ACTION PLAN
MANDATORY FOR ALL CAMPERS

Camper's Name:_____ **Date of Birth:** _____

SEIZURE INFORMATION

Please document the Camper's Seizure Activity: (Please check the box that applies)

☐ **Camper has NO Seizure History or Activity**
(No need to complete this form. Please sign and date at the bottom.

☐ **Camper has Epilepsy or a Seizure Disorder?**
(Please complete this form in its entirety and provide as much information as possible.)

Parent/Caregiver/Guardian:	**Home Phone:** **Cell:**
Treating Physician:	**Office Phone:**

Seizure Type	Length	Frequency	Description

DATE OF LAST SEIZURE: _____

SEIZURE TRIGGERS OR WARNING SIGNS: _____

CAMPER'S RESPONSE AFTER A SEIZURE: _____

EMERGENCY RESPONSE: *Please attach a copy of the current* ***Seizure Protocol****, if available.*

A "Seizure Emergency" for Camper is defined as:_____

_____

Seizure Emergency Protocol (Check all that apply)

- ☐ Call 911 after _____ amount of time
- ☐ Does Camper have a VNS (Vagal Nerve Stimulation) device? Yes _____ No _____
  If yes, implant date? _____
- ☐ Notify parent or emergency contact? Yes _____ No _____ If Yes, who? _____
- ☐ Does Camper have emergency medication for seizures? If yes, what medication and how is it administered? _____
  _____
- ☐ Notify Doctor (Name and Contact Phone #) _____
- ☐ Other _____

Special Considerations and Precautions (regarding activities, sports, trips, etc.) Describe any special consideration or precautions:_____

Parent/Caregiver/Guardian Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN/AGENCY AGREEMENT

REQUIRED – Signature of applicant, if legally represents self, parent, legal guardian, or authorized agency. Please read the following statements carefully and sign your name to each.

I hereby give consent for the camper named above to participate in all Colorado Lions Camp-sponsored programs and supervised activities. I certify that the information on the application is true, accurate, and complete. CLC emphasizes safety first; however, participation in CLC programs has inherent risks that may result in injury.

ACCEPTANCE CONDITIONS The Colorado Lions Camp reserves the right to refuse to provide services to any individual if the camp staff determines that the individual cannot be provided with adequate support by CLC. These decisions are made on an individual basis by the Executive Director and the Nurse. Parents/Caregivers will be notified in the event of any serious injury or illness requiring more than basic first aid, or in the case of any significant incident or behavioral problem. The separate Camp Physical Examination Form, which must be completed and signed by a licensed physician, must indicate that there is no evidence of any condition that might present health or safety risks to the camper, other campers, or staff members.

Applications and Medical Paperwork must be submitted annually.

I agree to the acceptance conditions above. Should it become necessary for my camper to leave camp or any Colorado Lions Camp function, for any reason, I will make provisions to bring the camper home. I hereby certify that to the best of my knowledge, all the information contained in this application is true and complete. I hereby authorize the release of any and all pertinent information regarding this camper to the Colorado Lions Camp. I agree to notify CLC of any changes that need to be made to this application before camp begins.

Name:_____

Signature:_____

Relationship to Camper:_____

Date:_____

ASSUMPTION OF RISK I, _____(Parent/Guardian/Agency), of _____(camper), who desires to participate in the activities offered and organized by the Colorado Lions Camp, hereby acknowledge that I am aware of potential, significant risks associated with participation in camp, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, the agency, my spouse, and my successors, I willingly assume such risks. By signing this document, I am providing a clear, written expression of my agreement to assume all of the risks and dangers my camper may encounter at camp.

Parent/Guardian/Agency Signature:_____

PERSONAL PROPERTY I, _____(Parent/Guardian/Agency) recognize that the Colorado Lions Camp cannot accept responsibility for the camper's personal property. To help eliminate losses, the undersigned ensures that all clothing is labeled with the camper's name and that a list of belongings has been included in the luggage. This includes clothing, bedding, personal care items, electronics, and equipment.

MEDICAL RELEASE I, _____(Parent/Guardian/Agency), authorize that in the event that an emergency should arise while _____(camper) is at camp requiring medical, surgical care or treatment, the CLC staff may select and designate medical professionals to provide such medical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of Colorado. I authorize the CLC staff to render any aid and assistance to my camper and to administer medication to my camper. I authorize the camp medical staff to dispense medications. I agree that medications for life-threatening conditions (e.g., Epi-Pen, inhaler) will be carried by a camp staff member, and I authorize their use for my camper as needed. I agree to pay for any prescribed medication or treatment my camper may need. I release and absolve the Colorado Lions Camp, nurses, physicians, and surgeons elected and

designated by them, from any and all liability for their acts rendered in good faith. **Parents/Guardians/Agencies will be notified immediately of any treatment sought.**

Parent/Guardian/Agency Signature:_____

MEDIA RELEASE

The Colorado Lions Camp uses photographs, images, or recordings of campers for publication in brochures, email, website, Facebook, social media, and various other media to promote services or to recruit volunteers and staff. The camper named above **MAY be included** in these promotional materials unless you contact the camp directly.

Parent/Guardian/Agency Signature:_____

RELEASE OF INFORMATION

I authorize the release of any medical information requested by representatives of local, state, or federal agencies, insurance companies, or other organizations as may be required for payment of claims.

Parent/Guardian/Agency Signature:_____

ASSIGNMENT OF BENEFITS

If a Medicare patient, I certify that the information given by me in applying for payment under TITLE XVII of the Social Security Act is correct. I request that the payment of authorized benefits be made on my behalf. (Please Skip if **Not Applicable)**

Parent/Guardian/Agency Signature:_____

NOTICE OF PRIVACY

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, clients of the Colorado Lions Camp are entitled to the greatest degree of privacy possible. Colorado Lions Camp will strive to ensure that client information is used only for the authorized purpose as agreed to by the client.

Parent/Guardian/Agency Signature:_____

RELEASE AND WAIVER

In consideration of the permission granted by the Colorado Lions Camp for _____ (camper) to participate in activities at camp I, _____ (Parent, Guardian, Agency), hereby agree to release and discharge the organization, its officers, agents, and employees from all claims, demands, actions or causes of action, which the camper, his or her personal representatives, heir and next of kin may or might have against the Colorado Lions Camp, its officers, agents and employees on account of injury to or death of the camper, or damage to the property of the camper arising out of the camper's participation in activities at camp. I further agree to indemnify and hold harmless the Colorado Lions Camp from any loss, liability, damage, or costs that may be incurred due to the acts of the camper using the camper's participation in activities at camp.

Parent/Guardian/Agency Signature:_____

Colorado Lions Camp Phone (719) 687-2087
28541 HWY 67 North
Woodland Park, CO 80863 clcoffice@coloradolionscamp.org

FOR OFFICE USE ONLY:
Date Rec'd_____
Session _____

Camp Physical Examination Form

This form must be completed and signed by a Licensed Physician, NOT by a parent or caregiver
We request that this form or a copy of a physical dated no later than **12 months** from your camp date be received in our office at least **TWO WEEKS** prior to the scheduled camp session.

Name:_____**Date of Birth** _____/_____/_____ **Male**____ **Female**___

Diagnosis:_____

Is any condition present that may result in an emergency? Please describe: _____

Allergies (Drug/Food/Environmental)? Epipen required? _____

EXAMINATION COMPLETED BY DOCTOR

Height: Weight:	Mouth/Throat/Nose:
Pulse: BP: Temp:	Neck/Thyroid & Lymph Sys:
Hearing Loss: NONE PARTIAL COMPLETE Hearing Aids Worn? Cochlear Implant?	Nervous System/Reflexes/Gait/Sensations:
Vision Loss: NONE PARTIAL COMPLETE Glasses Worn? Contacts Worn?	Bringing to camp: CPAP or Oxygen (CIRCLE) DAY NIGHT (CIRCLE)
Cardiac:	GI Distress - upper - lower (please specify)
Lungs:	Headaches:
Abdomen:	Bedwetting:
Musculoskeletal:	Incontinence – Urinary - Fecal (please specify)
Back/Spine:	Respiratory/Asthma/Emphysema (please specify)
Skin:	Sleep Apnea/COPD:
Diabetic: Insulin: YES NO Frequency of glucose monitoring:	Seizures: Type: Frequency: Last:
Mobility	Uses: WALKER CANE WHEELCHAIR

PREVIOUS ILLNESS (give age when these occurred): Chicken Pox _____ Measles _____
Mumps _____ MRSA _____ Shingles/Herpes _____ Strep Throat _____ Hepatitis _____
Frequent UTI _____ Frequent URI _____ Chronic Cough _____ High BP _____ Other _____

IMMUNIZATION HISTORY Please give dates (month/year) of immunizations and the most recent booster dates:
(DPT) _____ MMR _____ Polio _____ Smallpox _____ Influenza _____
TB Test _____ Hepatitis b series _____ Tetanus _____ Type _____**(REQUIRED)**

***Campers ages 8-21 must attach a copy of their current immunization record, including COVID-19. If records are unavailable, please send a statement to that effect. The statement "up-to-date" is not acceptable.**

QUESTIONNAIRE

Is the camper free from communicable diseases? YES/NO If no, please describe: _____

How would you assess the applicant's current health? GOOD FAIR POOR

Has the applicant been hospitalized or treated in the emergency room in the last year? YES NO If yes, please explain
_____

Is the applicant a carrier of Hepatitis B or C has he/she been exposed to Hepatitis B or C? YES NO Are there medical reasons to limit or restrict this individual from participating in the following camp activities: swimming, supervised ropes course, hiking, and archery? _____

Any limitations?_____

Is this applicant on medication? YES NO (Please see back of form)

Colorado State Law and Regulations require a written medication order from an authorized prescriber (physician, dentist, advanced practice registered nurse, or physician's assistant) for the nurse or designated trained personnel to administer medication. Please provide complete information on all medications, including prescription and nonprescription medications, dietary supplements, and homeopathic remedies.

Nonprescription, dietary supplements, and homeopathic remedies will NOT be given at camp unless prescribed by a physician. All changes in medication prescriptions or dosages must be verified by a physician in writing or the CLC medical staff **WILL REFUSE** to administer it.

PLEASE CHECK ONE OF THE FOLLOWING:

☐ - Camper takes no medication

☐ - Camper takes daily medication as follows: **standard camp medication times are listed in the chart below.**

Please complete the chart with accurate and current medication information. If the camper cannot adhere to these times, please indicate alternate times and why medication must be given at that time. Please indicate the number of tablets, capsules, amount of liquids, or puffs of inhalers, etc. in the box below the time medication is given.

MEDICATION SHEET

MUST BE FILLED OUT BY THE PHYSICIAN'S OFFICE STAFF ONLY

DO NOT WRITE "SEE ATTACHED."

Any attachments (for clarification) must clearly state the medication, dosage, and reason for use and the time meds must be given.

Medication	Dosage & # of pills, puffs, liquid	Reason for Use	8:00 am Breakfast	12:00 pm Lunch	3:00 pm	6:00 pm Dinner	8:30 pm Bedtime	Other

Does the camper experience any side effects from the above medications? ( ) YES ( ) NO if yes please explain_____

May take over-the-counter medications, if necessary. YES / NO Initial _____

May we contact you if we need more information? YES / NO

Physician's signature: **(MANDATORY)**_____

Date _____

Physician's Name (Please Print) _____

Phone: _____

Name of Person Filling out Form and Title:_____

Medication Sheet Continued if needed:

Medication	Dosage & # of pills, puffs, liquid	Reason for Use	8:00 am Breakfast	12:00 pm Lunch	3:00 pm	6:00 pm Dinner	8:30 pm Bedtime	Other