

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 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 _____