



Introducing Jesus Christ
in the Heart of the Rockies

Camp Salvation Staff Kid Registration

1. Any child who is attending Camp Salvation with their guardian not as a Camper and too young to be staff must complete the Registration below and the necessary Health Record information.
2. Submit all Staff Kid Registration with the Application of the guardian they are attending with.

Office Use

Only

PS: __ H: __

LAST NAME _____ FIRST _____ Home Phone: _____ Circle: *Female* *Male*

Birth date: _____ Likes To Be Called: _____ Age at Camp time: _____ Grade in the Fall: _____

Address _____ City _____ State _____ Zip _____

GUARDIAN 1 NAME: _____ Relationship to camper: _____ Cell: _____

Work Name & Address: _____ Work Phone: _____

GUARDIAN 2 NAME: _____ Relationship to camper: _____ Cell: _____

Work Name & Address: _____ Work Phone: _____

CHILD LIVES WITH (Circle): *Both parents* *Mom* *Dad* *Grandparents* *Other:* _____

ALTERNATE CONTACTS In addition to those already listed, two more contacts are required by the State of Colorado Department of Child Care. The following have my permission to sign my child out from the park or camp and may be contacted in an emergency when I cannot be reached.

NAME _____ Phone _____ Cell _____ Relationship: _____

Address _____

NAME _____ Phone _____ Cell _____ Relationship: _____

Address _____

Circle Week(s) of Attendance:

Junior High Week 1

High School Week 2

High School Week 1

Junior High Week 2

Elementary Week 1

Elementary Week 2

Admissions Process: Transporting adults will check themselves and Staff Kids in at the Office. Upon arrival to Camp, all paperwork will be checked to ensure it is correct and complete. Transporting adults will turn in all medications if staying in a cabin with campers (including over the counter medications) to the nurse, who will do a quick health check. This is not a physical. Please do not bring Staff Kids who are sick or have lice.

Camp Rules and Expected Behavior: Staff Kids are guests at Camp while their guardians are serving. They are expected to follow the same rules as all others at Camp. They are welcome to participate in any activities that their guardians allow. Phones are not to be a distraction. Don't bring a bad attitude to Camp or a desire to do wrong. **We want you to hear God better while at Camp Salvation.**

- **Clothes:** The dress code at Camp is the same for everyone so that we are not distraction to each other. No sleeveless shirts, all shorts need to come to the knee, and no tight or revealing clothing.
- **Prohibited Items:** There is zero toleration for drugs, tobacco, or alcohol. Please leave any "noise" that keeps you from hearing God at Camp, for example: non-Christian music, headphones, and video games. Do not bring valuables that could be misplaced.

Parent Permission: I realize there are inherent risks involved in participating in Camp activities. In case of emergency I understand that every effort to contact me will be made. If I cannot be reached, I give my permission to the physician selected by an authorized staff member to hospitalize and give proper treatment to my child if necessary for the safety and well being of my child and other people at Camp Salvation.

I acknowledge

- ☐ that failure to comply with these terms might result in a refusal of admission.
- ☐ that if my child is held to the same standards as all others at Camp Salvation.
- ☐ that I am ultimately responsible for my child while they are at Camp as a Staff Kid.

I give my permission for (Child's Name) _____

- ☐ To participate in all Camp activities except the following _____.
- ☐ To allow Camp Salvation to use any pictures my child is in for promotional use.
- ☐ To be transported by staff for supervised off-site activities in staff/Camp vehicles.

By signing below, you are consenting to the above guidelines unless otherwise noted.

Parent / Guardian Signature:

Date:

Important Medical Packet Checklist

PLEASE ENSURE THE FOLLOWING BEFORE CHECKING IN TO CAMP

- ☐ Camp has been notified if I have food allergies or special needs.
- ☐ All 3 Medical Packet forms are submitted or complete:
 - ☐ Statement of Health and Consent Form, signed by parent/guardian **and** physician
 - ☐ Medications Authorization Form, signed by parent/guardian **and** physician (this page is only necessary if you are under 18)
 - ☐ Immunization Record, a photocopy is acceptable. If not available, fill out the correct section of the page.
- ☐ All required physician and parent/guardian signatures are provided.
- ☐ All medications are in **original** pharmacy labeled bottles or over the counter containers. If brought in an unlabeled container or baggie, it might not be accepted by the nurse if you are under the age of 18.
- ☐ Inhalers and Epinephrine injectors **must have pharmacy labels** on the box or the inhaler/epi injector itself. If you need an extra label, contact your pharmacist or physician's office. Hand written names are **not** acceptable.
- ☐ Medication will **not** be accepted with an expired date.
- ☐ **ALL** medications must have a completed Medication Authorization Form for **each** medication provided. This form must be signed by the parent/guardian and physician. (the prescription section is only necessary if you are under 18)
- ☐ All medication must be turned in to the nurse upon arrival, including over the counter medication. There is to be **no** medication in Camper Cabins. If you will not be staying in a cabin with Campers or with staff who are under 18, you can keep your medication with you.
- ☐ Put all medications in a gallon size plastic bag with your name labeled on it.

Please call Kendra England at (719) 469-5390 with questions or concerns.

Important Medical Packet Checklist

PLEASE ENSURE THE FOLLOWING BEFORE CHECKING YOUR CAMPER IN TO CAMP

- ☐ Camp has been notified if my camper has food allergies or special needs.
- ☐ All Medical Packet forms must be submitted no less than two weeks before the camper arrives at camp. This is required to be in compliance with our child care license.
 - ☐ Statement of Health and Consent Form, signed by parent/guardian **and** physician
 - ☐ Medications Authorization Form, signed by parent/guardian **and** physician
 - ☐ Immunization Record, a photocopy is acceptable. If not available, fill out the correct section of the page.
- ☐ All required physician and parent/guardian signatures are provided.
- ☐ All medications are in original pharmacy labeled bottles or over the counter containers. If brought in an unlabeled container or baggie, it will **not** be accepted and the camper will **not** be allowed to stay.
- ☐ Inhalers and Epinephrine injectors must have pharmacy labels on the box or the inhaler/epi injector itself. If you need an extra label, contact your pharmacist or physician's office. Hand written names are **not** acceptable.
- ☐ Medication will **not** be accepted with an expired date.
- ☐ **ALL** medications must have a completed Medication Authorization Form for **each** medication provided. This form must be signed by the parent/guardian and physician.
- ☐ All medication must be turned in to the nurse upon arrival, including over the counter medication. There is to be **no** medication in camper's bags.
- ☐ Put all medications in a gallon size ziploc bag with your child's name labeled on it.

COVID-19 Protocols for 2021

Please complete the following documents:

- ☐ COVID-19 Screening Questionnaire (two needed, one 7 days before arrival at camp and the other before leaving for camp)
- ☐ COVID-19 Waiver

Please call Kendra England at (719) 469-5390 with questions or concerns.

Camp Salvation Statement of Health, Medical Packet page 1 of 3

This must be filled out and sent in every year for Campers and Staff, we are not allowed to reuse last year's copy on file, per Colorado Law.

Name: _____ Birth date: _____

In case of emergency please contact (Primary Contacts):

1. Name/Relation _____ Phone # _____

2. Name/Relation _____ Phone # _____

Known Allergies and description of reactions:

Has the camper had any **Past Illnesses, Surgery, Accidents, or Chronic Health** problems we should know about? (This information is for the Camp Nurse's use)

Describe any **physical condition** requiring the camp's special attention.

Any other helpful information:

PLEASE DO NOT SEND YOUR CHILD TO CAMP IF THEY ARE ILL OR HAVE LICE.

Parent Authorization: I authorize Camp Salvation staff to obtain and provide medical care for me or my camper, to transport me or my camper to a medical facility, and to provide treatment they consider necessary for mine or my camper's health. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I agree to pay all costs associated with any medical care and or/transportation, including medial and/or airlift evacuation and related expenses.

Parent/ Legal Guardian _____ **Date:** _____

*Please attach a current physical if available. If a physical is not available, the following is to be filled out by a licensed Physician or other Health Care Professional that has seen the individual in the last 24 months.

Health Care Provider: This section to be completed by your healthcare provider only:

Date of exam: _____ Physician's Comments: _____

Weight _____ Height _____ Heart rate _____

Blood Pressure _____ Respiratory System _____

I verify that _____ **Is cleared to participate in all Camp activities unless otherwise stated.**

Health Care Provider _____ **Date:** _____

Health Care provider's address _____

City _____ State _____ Zip _____ Phone # _____

Camp Salvation Medications Administration Form, Medical Packet page 2 of 3

Camper Name: _____

In order for the Camp Nurse or first aid responder to administer medications they deem appropriate (and only according to the directions) please check any of these over the counter meds you would **approve** of:

____ Acetaminophen (Tylenol)	____ Pepto-Bismol
____ Ibuprofen (Advil, Motrin)	____ Tums
____ Antibiotic Ointment (for minor abrasions)	____ Sunscreen ____ Bug Spray

Parent/Guardian _____ Date _____

Administration of Prescription Medication

Separate forms are required for each medication

The parent/guardian of _____ asks that Camp Salvation Staff give the following medication _____ at _____
(name of medication & dosage) (time(s) and schedule)
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Camp Salvation agrees to administer medication prescribed by a licensed health care provider. Any unused medications will be available for parent pick up at the end of each camp week.

- **Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, along with the licensed health care provider's name. The pharmacy name and phone number must also be included on the label. Pharmacists may provide a separate bottle with a complete printed label to keep at Camp Salvation.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with staff delegated to administer medication.

Parent/ Legal Guardian _____ Date: _____

Healthcare Provider Authorization to Administer Medication

(Every Form Must have this section signed by a Healthcare Provider) This section must be filled out to give Camp permission to administer any prescription as well as the over the counter meds listed above.

Child's Name: _____ Birthdate _____

Medication: _____

Dosage: _____ Route _____

To be given at the following time(s): _____

Special Instructions _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date _____

Signature of Health Care Provider with Prescriptive Authority

Date

Provider's Name and Phone Number _____

Camp Salvation Immunization Record or Exemption, Medical Packet page 3 of 3

Staff Kid Name: _____

Please attach an updated copy of the child's immunization record. If one is not available, please fill out the appropriate section below.

Name _____	Date of Birth _____
STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)	
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.	
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. EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud. <div style="text-align: right; margin-top: 10px;">Medical exemption to the following vaccine(s): La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):</div>	
Signed (Firma) _____ <div style="text-align: center; font-size: small;">Physician (Médico)</div>	Date (Fecha) _____
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. EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización. <div style="text-align: right; margin-top: 10px;">Religious exemption to the following vaccine(s): Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):</div>	
Signed (Firma) _____ <div style="text-align: center; font-size: small;">Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)</div>	Date (Fecha) _____
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. EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización. <div style="text-align: right; margin-top: 10px;">Personal exemption to the following vaccine(s): Exención por creencias personales de la(s) siguiente(s) vacuna(s):</div>	
Signed (Firma) _____ <div style="text-align: center; font-size: small;">Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)</div>	Date (Fecha) _____
CDPHE-IMM CI RCRRev. 8/07	

COVID-19 SCREENING QUESTIONNAIRE

TWO (2) forms must be completed for EACH GUEST:

- (1) Seven days prior to camp
- (2) The day boarding transportation to come to camp

TEMPERATURE READING: _____

NAME: _____

DATES ATTENDING CAMP: _____

In the past 7 days, has the above-named experienced any of the following?

- Y or N** FEVER (100.4°F or 38°C or higher)
- Y or N** COUGH
- Y or N** SHORTNESS OF BREATH
- Y or N** FATIGUE
- Y or N** HEADACHE
- Y or N** SORE THROAT
- Y or N** MUSCLE ACHES
- Y or N** LOSS OF TASTE OR SMELL
- Y or N** NAUSEA, VOMITING, or DIARRHEA
- Y or N** Been exposed to anyone diagnosed, tested positive, quarantined, or isolated for COVID-19?

If YES was circled above, please share details below:

I attest that the above information is accurate to the best of my knowledge.

Adult -OR- Parent/Guardian Signature

Date of Screening

COVID-19 Waiver

In exchange for participation at Camp Salvation Bible Conference ("CAMP"), of 17422 County Road 11, Weston, Colorado, 81091 and/or the use of the property, facilities, and services of CAMP, I agree for camper (CAMPER), to the following:

ASSUMPTION OF RISK. CAMPER and family expressly understand and agree that CAMPER's use of CAMP's facilities and premises presents known and inherent risks to CAMPER regarding any potential and/or actual infection of Covid-19 and/or any related illness, the result of which may be both serious and minor, including but not limited to, cough, fever, pneumonia, hospitalization, and death. CAMPER and family are responsible for evaluating the risks that they may face. CAMPER and family has done so, and by signature below and engaging in CAMP activity, in exchange for the opportunity to voluntarily participate in the Camp Salvation Work Week, has assumed the risks and is responsible for their actions. CAMPER and family further recognizes, understands, and agrees that CAMP assumes no responsibility for any liability, damage, or injury relating to or resulting from Covid-19 that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after use of CAMP's facilities and premises by CAMPER.

ACKNOWLEDGMENT OF SAFETY MEASURES TO BE UTILIZED BY CAMPER AND CAMP SALVATION. CAMP hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces and providing hand sanitizer. CAMP will also stay apprised of any recommendations of the CDC and will consider action accordingly. Further, CAMP may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary. CAMPER acknowledges that it will also take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include: ensuring that CAMPER does not have any symptoms of Covid-19 prior to entrance onto or use of CAMP's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on CAMP's premises.

INDEMNIFICATION AND HOLD HARMLESS. CAMPER and family specifically understand that they are personally responsible for their actions and omissions, and any resulting sicknesses or injuries relating to or resulting from Covid-19 and agrees to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, CAMP, and its predecessors, successors, assigns, officers, directors, trustees, faculty, employees, volunteers, agents, and legal representatives, from any and all actions, claims, or demands that CAMPER, and assigns, have or may have for any and all sicknesses or injuries relating to or resulting from Covid-19, CAMPER may suffer or sustain, regardless of cause or fault, as a result of their voluntary decision to utilize the facilities and premises of CAMP, caused by any act or omission of CAMP and/or CAMPER, its employees, visitors, and volunteers resulting from utilizing the facilities and premises of CAMP.

WAIVER OF CLAIMS. In consideration of being allowed to utilize CAMP's facilities and premises, CAMPER, hereby waives any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of CAMP, or its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, or legal representatives (collectively referred to herein as "Releasees"), including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to CAMPER'S use of and entrance upon CAMP's facilities and premises relating to or resulting from possible or actual exposure to Covid-19. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from CAMPER's use of and entrance upon CAMP's facilities and premises. CAMPER and family acknowledge and agree that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after CAMPER'S use of and entrance upon CAMP's facilities and premises. By signing this agreement Releasor is giving up legal rights.

I, the parent/gaurdian of _____, agree on behalf of the named minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority and custody of the above named minor.

Printed Name: _____ Date: _____

Signature: _____