

2017 Dawson Summer Camp Registration Form

Camper's Name	M/F	Date of Birth	Parent's Email Address
Street Address		City	State Zip
Parent/Guardian		Home Phone	Cell Phone
Address (if different from Camper's)		City	State Zip
Physician Name		Address	Phone
Medical Insurance Company / Policy Number			
Please list any allergies or conditions that Dawson should be aware of:			Can your child swim without a floatation device? Y <input type="checkbox"/> N <input type="checkbox"/>

Please refer to the catalog for the camp name, session weeks, and tuition fees. Full tuition payment is required to hold a spot.

Camp Name: _____ Camp Date: _____ Fee: _____

Camp Name: _____ Camp Date: _____ Fee: _____

Camp Name: _____ Camp Date: _____ Fee: _____

Camp Name: _____ Camp Date: _____ Fee: _____

Due to state licensing requirements, we will not be offering Before/After Care for summer of 2017.

Dawson Summer Camp T-shirts will be included with your camp registration fee for ONE camp. **Indicate size:**

Youth-S
 Youth-M
 Youth-L
 Adult-S
 Adult-M
 Adult-L

Register online and pay by credit card at **www.dawsonschool.org/summercamps**

CHECKS should be made out to ***Dawson School.***

Send your check and application to the address listed at the bottom of this page.

How did you hear about our camps? Returning Camper Dawson Mailing

Current Dawson Student
 Dawson Website
 Facebook
 Print Ad

Online Ad
 Friend
 Other : _____

Please complete both the application and waiver/medical authorization and mail along with payment to:

Dawson School, Attn: Summer Camps
 10455 Dawson Drive, Lafayette, CO 80026
 or email to stritt@dawsonschool.org



2017 Dawson Summer Camp Waiver/Medical Authorization

My child has my permission to participate in all camp activities. I/We irrevocably consent to allow Alexander Dawson School to use, or consent to the use of, any likeness of my child in materials produced for school promotional or publicity purposes, without right of review.

Child's Name: _____ Age: _____

Parent Signature : _____

WAIVER FOR DISPENSING OF MEDICATION:

It is required by Alexander Dawson School, as a condition to administer any prescription medication, that the medication be authorized by a physician, dentist, or other licensed prescriber. It is understood that prescription medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian.

I/We request that _____

Receive _____
Name and dosage of medication

For the period from _____ to _____ at _____
Date Date Time(s)

Physician's description of any anticipated reaction of child to the medications.

I/We give permission for the above names student to be dispensed medication at camp for which an appropriate authorization to give medication at camp form has been approved. I/We understand that Dawson Summer Programs does not have medical personnel on staff to assist in the administration of medication and that medication will be dispensed by the camp office staff, I/we understand that Dawson Summer Programs will not and cannot assess the need for, or assume any risks associated with, the administration of any medication. I/We understand that the administration of any medication involves a risk of injury, which ranges from minor to catastrophic and that it is impossible to eliminate such risks. Despite this knowledge, I/we release Dawson Summer Programs and each of its employees, agents, and representatives from all liabilities, claims, and demands for injury or loss that I/we and/or the above student may now or in the future have, resulting from the dispensing and/or administration of medication at camp or any disclosure relating to medication administered.

The prescription medication must be brought to camp in the original container appropriately labeled by the pharmacy or physician, stating the name of the student, the medication, and dosage.

Physician's Signature _____

Parent Signature _____

AUTHORIZATION FOR APPLYING SUNSCREEN:

If the camp's staff recognizes the need to apply sunscreen to my child, I authorize them to do so. Children must bring their own sunscreen labeled with his/her name. Please list any special instructions:

Parent Signature _____

AUTHORIZATION FOR MEDICAL AND SURGICAL CARE:

If my child is injured in an accident or becomes seriously ill, and I or my designee cannot be reached, I authorize the director of summer programs to arrange for the transportation of my child to a licensed emergency medical care facility to receive prompt treatment. Furthermore, I authorize the medical personnel at the facility to provide such treatment to my child as is indicated by the nature and extent of his or her injury and that is in accordance with the protocols of standard medical practice. Finally, I accept full financial responsibility, for all costs, charges, and fees associated with the transportation of my child and for the treatment provided by the medical care facility to my child and absolutely and unconditionally agree to indemnify and to hold Dawson School harmless from all such costs, charges, and fees.

EMERGENCY CONTACT: _____
Name Phone Relationship

When I or my emergency contact cannot be reached, I give my consent and permission for the above-named doctors to provide medical attention to my child. In the event that the doctors listed above cannot be contacted on in the event of an emergency, I give any licensed physician, dentist, hospital or other health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This attention may include transportation to the nearest emergency room.

Parent / Guardian Signature _____

Phone _____

Date _____



**2017 JUNIOR ADVENTURE CAMP
CONSENT FOR TREATMENT OF A MINOR**

(Please type or print)

Child's Name _____ Date of Birth _____ Age _____

Child's Address _____
Street City State Zip

PARENTS:

Father _____

Address (if different from child's)

Phone (H) _____

Phone (W) _____

Phone (C) _____

Employer _____

Hours _____

Mother _____

Address (if different from child's)

Phone (H) _____

Phone (W) _____

Phone (C) _____

Employer _____

Hours _____

Child's Physician _____ Phone _____

Address _____

Hospital Preferred for Emergency Treatment _____

Phone _____ Address _____

Dentist Preferred for Emergency Treatment _____

Phone _____ Address _____

*Medical Insurance Carrier _____ Policy # _____

Insured Person's Name _____ ID # _____

***Note: Insurance - Every student attending Dawson Summer Programs must have medical insurance. Please provide the medical insurance information on this page or we will refer you to a vendor through which you can purchase insurance. Insurance is required before the student can register.**

Medical Problems _____

ALLERGIES TO:

Medications, Food, Environmental, etc.	Reaction
_____	_____
_____	_____
_____	_____

Special Diet Requirements _____

Date of Last Tetanus Shot _____

Current Medications	Dosage	Condition	Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dispensing of prescription and over the counter medications to students requires completion of the PHYSICIAN AND PARENT MEDICATION AUTHORIZATION form, which can be found at www.dawsonschool.org/summercamps.

Person other than parent to be notified in an emergency situation when parents are not available:

Name	Phone	Address
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Name(s) of person(s) other than parent to whom the child may be released:

- 1. _____ 2. _____
- 3. _____ 4. _____

Please sign to authorize for program activities (field trips - including transportation to/from, video/TV) _____

If you desire your child to be exempt from any Dawson activities please list:

I, _____, as the parent/legal guardian of _____
(Print parent's/legal guardian's name) (Print child's name)

give my consent for emergency medical and surgical treatment, and transportation to/from, should a condition require it during my absence. I understand that Dawson School will make every reasonable attempt to contact me first, time and conditions permitting. I will assume responsibility of costs incurred in the treatment of my child, either through my own accident or health insurance coverage, or at my own personal expense.

Parent/Legal Guardian Signature Date

Parents: If your child is attending **Junior Adventure**, we will need the immunization form below for our licensing requirements, along with the Consent for Treatment of a Minor document. These should be included with your registration form in order to be admitted into the program. Thank you.

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO DAWSON SUMMER PROGRAMS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

VACCINE		Enter date each immunization was given			
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
Hib	<i>Haemophilus influenzae</i> type b				Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles			Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.	
Mumps	Mumps				
Rubella	Rubella			History of disease. Yes _____ year (optional) _____ (see footnote "e" below)	
HB	Hepatitis B				
Varicella	Chickenpox				
Other					

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student						
	Child Care 2–3 mos	Child Care 4–5 mos	Child Care 6–14 mos	Child Care 15–17 mos	Pre-school 18 mos–4 yrs	Grades K–12 5–18 yrs	College
Pertussis	1	2	3	3	4	5 b,+c	
Tetanus/Diphtheria	1	2	3	3	4	5 b,+d	
Polio ^e	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella ^{e,g,+}				1	1	2 h	2 h,i
<i>Haemophilus influenzae</i> type b ⁺	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B ^{e,+}	1	2	2	2	3	3 k	
Varicella ^{e,+}					1 g	1 g	
Pneumococcal Conjugate ^a	Indefinitely suspended						

See Table 2 (on back of certificate) for the year of implementation of **Measles, Mumps, and Rubella (MMR-second dose), Hepatitis B (HB), and Varicella (VAR).**

Footnotes: (at school entry = newly entering a Colorado school)

- +: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.
- a: This requirement is indefinitely suspended.
- b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.
- c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.
- d: Any student ≥ 7 years at school entry who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given > 6 months after the 2nd dose.
- e: For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.
- f: Four doses of polio vaccine are required at school entry unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required.

- g: The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
- h: If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.
- i: Measles, mumps, and rubella vaccine is not not required for college students born before January 1, 1957.
- j: The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12–14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.
- k: Ages 11–15 only: hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

