



MAIL COMPLETED FORMS TO: PO BOX 155 KREMMLING, CO 80459

Jr. Camp begins at 3PM on Monday June 19. Please do not drop campers off before 3 PM. Campers are dismissed following the pot luck supper and program that begins at 6 PM Friday June 23. Parents are welcome to join!

Contact: Wendy Villa 970-846-2221

Jr. High Camp begins at 3PM on Monday July 17. Please do not drop campers off before 3 PM. Camp ends at noon on Friday July 21.

Contact: The Journey at First Baptist 970-824-5926

High School 5 pm Thursday, July 27 **Staff must be there by 2 pm** Camp ends after lunch Sunday

Contact: Kremmling Community Church 970-620-0427

Who Can Go?

Anyone! Mt Elim accepts and encourages participation from all persons regardless of race, color, national origin or religion!

What is the Cost?

\$170 per camper with pre-registration (see below)

\$190 if paid the first day of camp

Financial Assistance Available

Packing List

- Personal Items
 - Flashlight
 - Bug Spray
 - Toiletries
 - Water Bottle
- Towel and Washcloth
- Sleeping Bag
 - Clothing
- Nice outfit for the banquet (JR CAMP ONLY)
 - Warm Jacket
 - Hiking Boots
 - Bible
- Notebook and Pencil

THE FOLLOWING ITEMS ARE STRICTLY PROHIBITED ON CAMP PROPERTY:

KNIVES, GUNS OR WEAPONS OF ANY KIND
FIREWORKS
TOBACCO, DRUGS & ALCOHOL
ELECTRONICS
BALLOONS

DRESS CODE

NO EXPOSED UNDERGARMENTS
NO SHORT SHORTS
NO TANK TOPS, SPAGHETTI STRAPS
NO STRAPLESS SHIRTS
NO MIDRIFTS OR SEE THROUGH CLOTHING
GUYS MUST WEAR SHIRTS AT ALL TIMES
NO OFFENSIVE T-SHIRTS: BEER, SEXUAL, POLITICAL, ETC.

QUESTIONS? CALL CAMP AT 970-736-8177 OR EMAIL MTELMCAMP@GMAIL.COM

JUNIOR HIGH CAMP REGISTRATION

MT ELIM 2017—**JULY 17-21**

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

DATE OF BIRTH _____ SEX (circle) MALE / FEMALE

AGE/GRADE (FALL OF 2017) _____

NAME OF HOME CHURCH _____

PARENT _____

PHONE _____

EMPLOYER _____

EMPLOYER ADDRESS _____

EMPLOYER PHONE _____

LIST THREE EMERGENCY CONTACTS

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

LIST CONTACTS PERMITTED TO PICK-UP YOUR CHILD

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

NAME / ADDRESS / PHONE / RELATIONSHIP

LIST ANY CONTACTS NOT PERMITTED TO PICK-UP YOUR CHILD

NAME / PHONE

NAME / PHONE

NAME / PHONE

CAMPER/PARENT AGREEMENTS

MT ELIM 2017

Camper Agreement

I have read all the information and agree to cheerfully comply with the rules and authority of the camp, counselors and staff.

Signature

Parent Agreement

I understand every effort will be made to contact me in the case of an emergency. In the instance that I cannot be reached I hereby give permission to any physician selected by the camp director to secure proper treatment and/or hospitalize my child (including surgery.) I also release the adult staff members of Mt. Elim Bible Camp to transport my child to and from any off-site activities related to the camp program of Mt. Elim.

Signature of parent or legal guardian

MEDICAL FORM

MT ELIM CAMP 2017

NAME _____

DOES THIS CAMPER/STAFFER HAVE ALLERGIES? Y / N

IF YES, PLEASE LIST:

PLEASE EXPLAIN ANY SPECIAL MEDICATIONS OR SPECIAL DIETARY NEEDS IN
DETAIL:

IS THIS CAMPER/STAFFER PHYSICALLY ABLE TO PARTICIPATE IN ALL CAMP
ACTIVITIES? Y / N

PLEASE LIST ANY LIMITATIONS:

NAME / ADDRESS / PHONE NUMBER OF CAMPER/STAFFER'S DOCTOR:

INSURANCE COMPANY

POLICY NUMBER

**YOU MUST PROVIDE OR COMPLETE THE ATTACHED COLORADO CERTIFICATE OF
IMMUNIZATION OR THE EXEMPTION FORM.**

**ALL MEDICATIONS, INCLUDING SUPPLEMENTS MUST BE IN THEIR ORIGINAL
CONTAINER WITH ORIGINAL LABELS TO COMPLY WITH CHILD AND FAMILY
SERVICES REGULATIONS**

Colorado law requires this form to be completed by a school health authority or health care provider for each immunized student attending Colorado schools.

6 CCR 1009-2 The Infant Immunization Program and Immunization of Students Attending School: Schools shall have on file an official immunization record for every student enrolled.

Name: _____

Date of birth: _____

Parent/guardian: _____

Required vaccines Each immunization date MM/DD/YY Titer date

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
DT Diphtheria, Tetanus (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib Haemophilus influenzae type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella date of disease	
Varicella positive screen date	

Recommended vaccines Each immunization date MM/DD/YY

HPV Human Papillomavirus						
Rota Rotavirus						
MCV4/MPSV4 Meningococcal						
Men B Meningococcal						
Hep A Hepatitis A						
Flu Influenza						
Other						

Optional review signature by the school health authority or health care provider
 I have reviewed this immunization record

Signature: _____

Date: _____

(Optional) TO BE COMPLETED BY PARENT/GUARDIAN/ADULT STUDENT

I authorize my/my student's school to share my/my student's immunization records with state/local public health and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Signature: _____

Date: _____



Immunization

Non-Medical Exemption Form (Religious and Personal Belief)

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children's lives every year. The Colorado Department of Public Health and Environment strongly supports vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all children, the benefits of preventing disease with a vaccine far outweigh the risks. Declining to follow the advice of a health care provider, or public health official who has recommended vaccines may endanger an unvaccinated child's health and others who come into contact with him/her. Some vaccine-preventable diseases are common in other countries and unvaccinated children could easily get one of these diseases while traveling or from a traveler.

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Prior to kindergarten, a non-medical exemption must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices.^{1,2} From kindergarten through 12th grade, a non-medical exemption must be filed every year during the student's school enrollment/registration process¹. **Students with an exemption may be kept out of child care or school during a disease outbreak.**

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Type of Non-Medical Exemption Claimed: <input type="checkbox"/> Personal Belief <input type="checkbox"/> Religious

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State: CO	Zip Code:
Phone Number:	Grade of Student:	

¹ Colorado Board of Health rule 6 CCR 1009-2: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6437&fileName=6%20CCR%201009-2>.

² 2016 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf. Based on this schedule, a non-medical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

Vaccine Preventable Disease Information

The information provided below is to ensure parents/guardians/students are informed about the risks of not vaccinating.

Diphtheria, tetanus, pertussis (DTaP, Tdap) - Unvaccinated children may be at increased risk of developing diphtheria, tetanus and/or pertussis if exposed to these diseases. Serious symptoms and effects of diphtheria include heart failure, paralysis, breathing problems, coma, and death. Serious symptoms and effects of tetanus include "locking" of the jaw, difficulty swallowing and breathing, seizures, painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis (whooping cough) include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

Haemophilus influenzae type b (Hib) - Unvaccinated children may be at increased risk of developing invasive Hib disease if exposed to this disease. Serious symptoms and effects include bacterial meningitis, pneumonia, severe swelling in the throat, permanent neurologic damage including blindness, deafness, and mental retardation, infections of the blood, joints, bones, and covering of the heart, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.pdf>

Hepatitis B - Unvaccinated children may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects include jaundice, life-long liver problems such as liver damage, scarring, liver cancer, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>

Inactivated poliovirus (IPV) - Unvaccinated children may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects include paralysis of muscles that control breathing, meningitis, permanent disability, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

Measles, mumps, rubella (MMR) - Unvaccinated children may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include pneumonia, seizures, brain damage, and death. Serious symptoms and effects of mumps include meningitis, painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a pregnant woman gets rubella, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23) - Unvaccinated children may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects include pneumonia, lung infections, blood infections, meningitis and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.pdf>

Varicella (chickenpox) - Unvaccinated children may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects include severe skin infections, pneumonia, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

Required Vaccines for School Entry - Place an "X" next to each vaccine you are declining.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

I am the parent/guardian of the above-named student or am the student himself/herself (emancipated or over 18 years of age) and am declining the vaccine(s) indicated above due to a religious or personal belief that is opposed to vaccines. The information I have provided on this form is complete and accurate.

- I may change my mind at any time and accept vaccination(s) for my child/myself in the future.
- I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, or www.ImmunizeforGood.com for additional information on the benefits and risks of vaccines and the diseases they prevent.
- I can contact the Colorado Immunization Information System (CIIS) at www.ColoradoIIS.com or my health care provider to locate my child's/my immunization record.³

I acknowledge that I have read this document in its entirety.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

³ Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.

DOCTOR'S STATEMENT FOR MT ELIM CAMP 2017

Required by the State of Colorado, to be filled out by a licensed physician within one year of camp. Failure to complete this section will prohibit camper from enrollment of the camp program

Staffer Name

Please describe any history of serious illness or injury:

Height: _____ Weight: _____

BP: _____ Temp: _____

I have examined this staff member and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camping program except as follows:

Doctor's Signature

Date

Please print Doctor Name, Address and Phone below:

Doctor's Name

Doctor's Phone

Doctor's Address, City, State, Zip