



CHILD'S LAST NAME \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ M \_\_\_\_\_ F

ALLERGIES? (YES) (NO)

EPI Pen? (YES) (NO)

**REGISTRATION FORM**

Room # \_\_\_\_\_ Owner or Guest

Name on Room: \_\_\_\_\_ Room Charge or Pay Direct at Front Desk

\_\_\_\_\_  
PARENT 1 NAME ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
PRIMARY # SECONDARY #

\_\_\_\_\_  
PARENT 1 EMPLOYER WORK PHONE PRIMARY EMAIL

\_\_\_\_\_  
PARENT 2 NAME ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
PRIMARY # SECONDARY #

\_\_\_\_\_  
PARENT 2 EMPLOYER WORK PHONE PRIMARY EMAIL

\_\_\_\_\_  
FAMILY & CHILD'S HOME ADDRESS CITY STATE ZIP

\_\_\_\_\_  
FAMILY & CHILD'S PERMANENT MAILING ADDRESS CITY STATE ZIP

**EMERGENCY CONTACT INFORMATION & ADDITIONAL PERSONS AUTHORIZED TO PICK UP**

1. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME RELATIONSHIP Primary # secondary #

2. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME RELATIONSHIP Primary # secondary #

3. \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
FULL NAME RELATIONSHIP Primary # secondary #

DESIRED DATE(S) OF ATTENDANCE: \_\_\_\_\_

Does your child have a Vail Mountain season pass (or epic pass)? \_\_\_ YES \_\_\_ No

**Health Statement**

Is your child in good health? (Y) (N) If no, why? \_\_\_\_\_

Are there any past or present health problems? (Asthma, frequent headaches, seizure disorder, etc.) (Y) (N)

If yes, explain: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_ Emergency Medications: \_\_\_\_\_

Medical needs, physical challenges, special needs: \_\_\_\_\_

Allergies/Reactions to Medications: \_\_\_\_\_

In case of an emergency, serious illness or injury and parents and emergency contacts can not be reached, do you give authorization for camp staff to transport your child to the nearest doctor or hospital in their personal vehicles? \_\_\_ YES \_\_\_ NO

Preferred Hospital for treatment: \_\_\_\_\_

If preferred Hospital isn't the closest facility is the nearest hospital ok? \_\_\_ YES \_\_\_ NO

**Authorization for emergency medical care and transportation:**

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Field Trip & Transportation Permission

- \_\_\_ I give the program permission to transport my child on field trips.  
\_\_\_ I give the program permission to use in town transportation.  
\_\_\_ I will provide the program with child's car seat and/or booster if needed.

### Please read and initial below:

- \_\_\_ I understand the programs hours and will be on time for drop off and pick up.  
\_\_\_ I understand that if late for drop off my child's space may be forfeited and sold to another participant.  
\_\_\_ I understand that if I pick up my child late, I will be charged \$5 per additional minutes late.  
\_\_\_ I have read and understand the programs policies and procedures.  
\_\_\_ I  **authorize**  **do not authorize** the program to apply sunscreen on my child.  
\_\_\_ If I do not authorize sunscreen, I will label sunscreen & give to staff for my child.  
\_\_\_ I will provide the program with a copy of my child's immunization records before or on first day of camp.  
\_\_\_ I will not send my child to this program if he/she is showing signs of illness or communicable disease.  
\_\_\_ Please list the approximate dates your child has had the following:

\_\_\_ Chicken Pox    \_\_\_ Rubella    \_\_\_ Roueola    \_\_\_ Fever    \_\_\_ Asthma    \_\_\_ Hay Fever  
\_\_\_ Diabetes    \_\_\_ Mumps    \_\_\_ Epilepsy    \_\_\_ Whooping Cough    \_\_\_ Poliomyelitis  
\_\_\_ Surgery    \_\_\_ other

\_\_\_ I have given the program, in writing, all concerns or special challenges my child may have.

- \_\_\_ My child is  **authorized**  **is not authorized** to sign him/herself out at the end of the day.  
\_\_\_ I will allow my child to watch a video or movie rated:  **G**  **PG**  **PG-13**

My signature below indicates I agree to all initialed items above.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The program has permission to take photographs, videos, digital images, and/or audio recordings while at camp.

Please circle one

YES

NO

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If yes, please provide the phone number(s) you would like us to text photos and/or videos.

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Proof of Immunization Records**

- I have attached my child's immunization records to this document.  
 I do not have my child's immunization records & will email or mail a copy to one of the below addresses ASAP. I understand Colorado State Law Requires immunization records before my child can attend camp.

**Email to:** [jodi@activitiesitters.com](mailto:jodi@activitiesitters.com) or **Mail to:** Activity Camp PO Box 3938 Avon, Co 81620

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please provide the records ASAP, we cannot readmit your child to camp until we have immunization records on-file.

# Medication Administration Form

**Only needed if your child has mandatory or emergency medication that must be administered during camp.**

Activity Camp can **only administer medications** if advanced arrangements are made.

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/Guardian 1: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

**\*\*If on vacation, please use the address of your current accommodations\*\***

## NON-PARENT EMERGENCY CONTACT INFORMATION

1: \_\_\_\_\_ Phone: \_\_\_\_\_ 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALLERGIES** - indicate ALL allergies including medications:

Reaction symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEVERE ALLERGY TO:** \_\_\_\_\_

Child carries an Epi-Pen: Yes \_\_\_\_ No \_\_\_\_ If Yes, Epi-pen Junior \_\_\_\_ or Epi-pen \_\_\_\_ (66 lbs. & over)

### Epi-pen treatment plan:

1. Epi-pen immediately administered when symptoms of severe allergic reaction occur.
2. 911 (or local emergency response team) called immediately or child transported to closest emergency medical facility immediately. Emergency medical services must always be called when Epi-pen is administered.
3. Parent/guardian or emergency contact person (if parent/guardian unavailable) contacted.
4. If parent/guardian or emergency contact is unavailable to accompany child to medical facility, camp staff will accompany the child and remain with the child until parent/guardian or emergency contact arrive at the facility.

## FOOD ALLERGY

\_\_\_\_ Family will provide child's snack

\_\_\_\_ Camper will self monitor all food choices

\_\_\_\_ Other \_\_\_\_\_

**EMERGENCY MEDICATIONS PLAN** - medication must be in original container clearly stating child's name, prescribing health care provider, medication name, dosage, and prescription date. Any medication that requires refrigeration or special storage conditions will not be permitted during camp.

Medical condition / reason: \_\_\_\_\_ Emergency medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time(s) given: \_\_\_\_\_ Instructions: \_\_\_\_\_

\_\_\_\_\_

**DAILY MEDICATIONS** - Must include dosage details and time of day taken

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) given: \_\_\_\_\_ Possible side effects \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s) given: \_\_\_\_\_ Possible side effects \_\_\_\_\_

**It is understood by parents/guardians that this plan may be carried out by any Activity Camp staff member on duty.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

**EMERGENCY TREATMENT PLAN** - List any medical condition(s) requiring special treatment and your instructions

Condition: \_\_\_\_\_ Instructions: \_\_\_\_\_

\_\_\_\_\_

Condition: \_\_\_\_\_ Instructions: \_\_\_\_\_

\_\_\_\_\_

Additional Notes: