

**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 \_\_\_\_\_