

Per the **RULES REGULATING CHILDREN'S RESIDENT CAMPS** in the State of Colorado, section 7.711.5 CHILD CARE and section 7.711.51 Health Care:

“At the time of admission, each camper shall furnish a health history which indicates communicable diseases and serious illnesses or operations the individual has had, any known drug reactions and allergies, medications being taken, and any necessary special diets at the time of camp admission.”

Name of Camper: _____ Age _____ DOB _____

Address: _____ State _____ Zip _____

Cell # _____ e-mail _____

TO BE COMPLETED BY PARENT / GUARDIAN:

List any communicable diseases the camper has had: *(such as hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, tuberculosis, giardia or shigella)* _____

List any serious illnesses the camper has had: *(such as Diabetes, Asthma, Mononucleosis, Epstein-Barr Virus, RSV, Leukemia, Juvenile Rheumatoid Arthritis, Cyto-Megalo-Virus, or other)* _____

List any surgical operations the camper has had: _____

List any known drug reactions and/or allergies for this camper: _____

List all medications currently being taken by the camper: _____

Specify any special diet the camper is to be on at the time of admission to TMBC: _____

Signature of parent/guardian _____ Date: _____