



We're so excited you are joining us for Camp Timberline's

# BASE CAMP

Please read all of the enclosed information.

You will find answers to frequently asked questions to prepare you and your camper for a successful week of camp.

You will need to complete ONLINE FORMS PRIOR TO ARRIVAL and fill out PAPER FORMS TO BE TURNED IN ON OPENING DAY. Please see below for clarification:

## PRESENT THESE FORMS ON OPENING DAY:

Forms enclosed for you. Please do not fax or mail.

- Doctor's Statement of Participation – 2 pages  
Please ONLY USE THE FORM PROVIDED HEREIN ..  
1<sup>st</sup> page must be signed by a physician/NP/PA and turned in at Check-In.
- Certificate of Immunization OR Statement of Exemption - 2 pages .. Please bring updated immunization records to Check-In. This can be in a format that best suits your physician's office.
- Doctor's Orders for Prescriptions Form – Please turn in with medications on Opening Day. Copies generated by your physician's office or school will also be accepted.
- Food Allergy Action Plan – Please complete and bring with you to Check-In, if applicable.
- Colorado Allergy and Anaphylaxis Emergency Care Plan – If your child has any allergy that would require this type of plan, please submit this form on Opening Day. Copies generated by your physician's office or school will also be accepted.

## COMPLETE THESE FORMS ONLINE:

You will find required forms to be completed on the dashboard of your camper's account. These **MUST BE COMPLETED ONLINE**. Please make sure all blanks are filled in and each form has your electronic signature at the end. The form will show incomplete if your signature is missing. Some forms are multiple pages – always look for the "Save/Next" button at the bottom of each screen to complete. Doctor's Statement of Participation and Immunization Record cannot be uploaded online.. they are to be brought to camp Opening Day.

- Camper Health Form
- Video and Photo Release
- Liability Waiver
- Permission for Pick-up
- Camper Flight Schedule – complete flight info, or check "no" and sign at bottom
- Medications and Allergies – Click on "Add Medication" and "Allergies" boxes under the Medical section to get started!

# BASE CAMP | PARENT INFORMATION – PAGE 1



## OPENING DAY –

To facilitate an efficient Opening Day process, we are asking parents/guardians to arrive and depart at scheduled times. Our hope is for the whole process to take no more than 30-45 minutes. We will be taking camper temperatures and completing a 24-Hour Health Screening upon your arrival. We ask that you have all online forms completed and tuition fully paid prior to Opening Day. **BE SURE TO BRING YOUR CAMPER'S SIGNED DOCTOR FORMS TO CHECK-IN.**

The arrival times ROTATE EACH YEAR according to the first initial of your last name, so be sure to note your time of arrival. If campers with different last names will be arriving in the same vehicle, please default to the LATER time.

- Last names beginning with Q-Z will arrive between 4:00pm-4:30pm
- Last names beginning with A-F will arrive between 4:30pm-5:00pm
- Last names beginning with G-P will arrive between 5:00pm-5:30pm

All campers will begin cabin programs at 6:00pm!

Please also note, the RMNP Service can issue a \$75 fine for cars lined up or parked in the Longs Peak Campground and cars that are blocking the entrance to the campground or trailhead. Unfortunately, they do not dismiss tickets given to our Camp Timberline families. Please enjoy the sites and scenery of Estes Park and the surrounding area rather than arriving prior to your scheduled time.

## CLOSING DAY –

Please allow extra time for some special events on Closing Day! We will open the front gates at 11:00am with the closing ceremony starting in the stadium at 11:20am. There will be individual camper awards, early sign-up for next summer, store and snack shack open and a lost and found table. Activities will conclude at approximately 1:30pm.

Prior to attending camp, please complete the online "Permission for Pick-Up" form so we know the names of the person(s) permitted to pick up your child on Closing Day. Be sure to provide ALL NAMES of anyone who may be picking them up, including YOU. If someone arrives other than a person provided on the list, your child will not be allowed to leave camp until we have contacted you, the parent/guardian. Each person picking up a camper will be asked to present a photo ID.

**SUMMER CAMP SAFETY – #1 PRIORITY –** We take your child's safety and well-being very seriously at Camp Timberline. It is our TOP PRIORITY. We recognize that a safe environment is the foundation for everything we do at Camp Timberline and we seek to provide this standard through the following areas –

- Staff Hiring & Training – We hire the best staff in the country through a rigorous 4-step screening process
- Staff to Camper Ratio – Your child is known and protected by staff 24/7. Our goal is to have a 1 to 4 ratio of counselors to campers in every cabin. There are times when that ratio will differ, but it will never be less than a 1 to 6 ratio.
- Health Services – 24-hour health staff, in-depth arrival screening, sanitization procedures, and updated illness and disease prevention protocols in accordance with the Larimer County Health Department.
- Activities – Activities at Camp Timberline are regularly certified and accredited.
- Facilities – Certified by the State of Colorado.
- Food Service – Healthy and balanced with consideration for individual food allergies.

Our main goal is to share the transforming message of Jesus Christ with kids, and this can only be done if a child knows that they are in a trustworthy and safe environment. We are greatly concerned and proactive in evaluating our safety procedures every year. We do everything we can to make camp the best weeks of your child's summer.

## HEALTH SERVICES –

Each year we screen and hire Colorado licensed Registered Nurses, Nurse Practitioners and Medical Doctors to reside on camp property and oversee the Health Hut. It is our desire to see that your child receives the best health care and knowledgeable administration of medication while they are at camp. Along with a Healthcare Assistant, the Registered Nurse, Nurse Practitioner or Physician is available 24 hours a day for medical care of all campers, first aid, assessment, and dispensing of medication. The health team also monitors health and cleanliness standards, as well as promoting safety for all participants. In the event more extensive care is needed, campers will be treated at Estes Park Medical Center and/or Timberline Medical Clinic. These facilities are a 15-minute drive from camp. Any care or prescriptions required through local medical facilities will be billed under the camper's personal insurance and is not the liability of Camp Timberline. Camp Timberline's insurance is accident (not illness) insurance and secondary to the camper's health insurance.

## BASE CAMP | PARENT INFORMATION – PAGE 2



**EMERGENCY ACTION PLAN & COMMUNICATION** – Camp follows state guidelines with regard to emergency response. These protocols are in place in the rare case that there is an emergency at camp. The RN/NP/MD will assess any injury or illness to a camper. If the situation can be resolved in the Health Hut, proper care will be given. If the situation needs greater attention, emergency assistance will be acquired and parent/guardians notified.

Parent/guardian will be notified if their camper:

- Has been involved in an emergency.
- Requires outside care.
- Is being transported to a local clinic or hospital.\*
- Has a temperature of 100 degrees or more.
- Has a symptom listed in the Illness Prevention Policy together with high temperature.
- Has stayed overnight in the Health Hut.
- Has a persistent health issue.

If an illness continues under the RN/NP/MD's care, the parent/guardian will be contacted to decide whether to send the camper home or to a local physician.

\*If an emergency room or physician visit is needed, the parent/guardian will be notified right away. If the situation is a non-emergency, the parent/guardian will be given the option to either have the child taken to a local physician or be picked up for treatment at home.

**MEDICATION** – The Health Hut is stocked with over-the-counter medication (i.e., Advil, Tums, etc.) so your child does not need to bring these items to camp unless they take a specific one each day. In compliance with state regulations, all medication brought to camp must be in the original prescription bottle or box with a Doctor's Orders form for each item. We cannot accept unlabeled medication or items without a copy of your Doctor's Orders form and will have to turn away these items. On Opening Day please plan to meet with our health staff so we can verify and document all medication, supplements, and vitamins brought to camp. State regulations require all medications be locked and under the supervision of the RN/NP/MD in the Health Hut. On Closing Day your camper's medications will be packed in their luggage so you can be assured that it gets back home. A copy of all stocked medications is included in this packet.

**INHALER & EPI-PEN USAGE** – Campers are allowed to administer prescribed inhalers and Epi-Pens for routine, as needed, or emergency use. Devices will be monitored by a supervising Camp Counselor, stored safely away from other campers and available for use. In the case of an anaphylactic reaction, a Camp Timberline staff member will assist in the administration of medication. Campers should come with an initial inhaler or Epi-Pen PLUS an additional "back-up" device to be stored in the Health Hut. Any use of medication will be reported to the RN/NP/MD on duty for proper assessment of the camper and subsequent documentation.

**ALLERGIES & DIETARY RESTRICTIONS** – If your child has an allergy (drug, insect, plant and/or food) or dietary restriction that could result in a reaction while at camp, we want our health staff and food service team to be knowledgeable about your child's situation. Please email [kitchen@camptimberline.com](mailto:kitchen@camptimberline.com) to communicate with a camp Director about how to make this a positive and safe experience for your child. We must be notified of each medical and/or behavioral condition prior to attendance. A Food Allergy Action Plan and Colorado Allergy and Anaphylaxis Emergency Care Plan must be completed and signed by your physician prior to your child's arrival at camp (forms included in this packet). Our Food Service Director is available for information on menus and advice on how to package meals sent to camp. All meal substitutions will need to be packaged and brought to camp as outlined in the Food Allergy Action Plan.

**CAMPER MAIL** – Camper mail such as letters, postcards or packages can be dropped off on Opening Day and will be given to your camper throughout the week or you can mail them to 1207 Longs Peak Road, Estes Park, Colorado 80517. Campers can receive mail Monday through Friday of each session. It is best to send mail earlier in the week. Please do not mail food items to camp as food is not allowed in the cabins. If food items are brought or mailed, these items will be discarded.

## BASE CAMP | PARENT INFORMATION – PAGE 3



**E-MAIL** – You may e-mail your child by sending your e-mails to [camperemail@camptimberline.com](mailto:camperemail@camptimberline.com). Please put your child's full name in the subject line to ensure proper delivery. Due to the number of campers each session, please limit your emails to **THREE** submissions per session. Please do not send your emails to [office@camptimberline.com](mailto:office@camptimberline.com).

**FLYING TO CAMP?** – Please schedule flights to arrive and depart from Denver International Airport (DIA). Campers **MUST** fly into DIA between 10 am and 2 pm on Opening Day and fly out between 1 pm and 5 pm on Closing Day. If your camper arrives before this time frame, you will need to make arrangements with the airline to have someone stay with your child until we arrive. If your camper arrives after this time frame, you will need to make arrangements with the Estes Park Shuttle for transportation to camp (shuttle information available upon request). A Camp Timberline staff member will meet your child at the main terminal entrance at the top of the escalators. They will have a Camp Timberline sign and will also be wearing a Camp Timberline staff shirt so they will be easily recognizable. If your child is flying as an unaccompanied minor and will be held at the gate until we arrive, please let us know ahead of time so that we can arrange for a pass to go to the gate to pick them up. If we do not have that information, we are assuming your child will meet us at the main terminal entrance. Camp Timberline shuttles are provided to and from DIA at a cost of \$25 each way. Flight itineraries **MUST** be completed via the online form by June 1st. We cannot be responsible for picking up your child if we do not have a flight itinerary on record.

All Camp Timberline staff are trained in accordance with our Transportation Policy when operating shuttle vans, and campers are expected to follow passenger rules as communicated by those drivers for the safety of all concerned.

**CAMP STORE** – Our Camp Timberline store is full of clothing, gifts, necessities, and snacks. Our campers love visiting the CT store! Campers are not allowed to have cash at camp, so we have a store credit program for them to use. If you would like to purchase store credit for your camper, please go to our online store: [camp-timberline-store.myshopify.com](http://camp-timberline-store.myshopify.com) and select "Store Credit". It will direct you to create an account - please create the account under your camper's name. Complete the prompts to purchase your store credit. Once purchased, you are all set! No additional steps necessary. The credit is tied to the account you created and your camper just needs to provide their name at checkout to use the funds. If you have previously purchased store credit with us, you can use your previous store account. Please note, if you have multiple children attending camp, a different email address will need to be used for each child's store credit account. This keeps the accounts separate and the funds will not be shared between siblings. The amount purchased will not allow for refunds, but any remaining balance can be used at the online store or for the following year. Please email [store@camptimberline.com](mailto:store@camptimberline.com) with any questions.

**BIRTHDAYS** – It is an honor to celebrate your child's birthday at camp!!! We celebrate each birthday with creativity and excitement! At one of the meals on your child's birthday we have a team of staff sing a fun and energetic song to your child and provide his/her cabinmates with a birthday dessert. If you would like to do something extra for this day, we would suggest pre-packaged party favors for each person in their cabin but please, no food items. These items can be dropped off on Opening Day.

**SESSION PHOTOS AND VIDEO** – Pictures of activities from each session will be posted on our secure photo site daily. You will be given the login information to have access and enjoy! In addition, you will receive a camper cabin picture on Closing Day. Each session's video will be accessible through Vimeo and the link emailed to you.

**VISITATION/PHONE USE** – We take the responsibility of caring for your child very seriously. In case of emergency, either physical or otherwise, you will be notified immediately. We **DO NOT** allow phone calls with campers, either incoming or outgoing, because of the interruption to the schedule and effect on camper morale. Unfortunately, this includes birthdays, Father's Day, and other special occasions. Exceptions will be made only in an absolute emergency. It has been our experience that these rules are in the best interest of each camper.



## BASE CAMP | PARENT INFORMATION – PAGE 4

**REMINDER ABOUT ROOMMATE REQUESTS** – We strive to honor ONE roommate request per camper. The roommate requested must have a birth date within 12 months of the camper's birth date, and first priority will go to requests that are reciprocal. All groups are balanced between campers with roommate requests and those without roommate requests. All campers will be grouped within the same 12-month age group pending an unusual breakdown of age ranges in camper registrations. In an effort to give everyone a chance to have at least one friend in their cabin, we cannot honor requests for groups of three or more. If campers are close in age, there is a very good chance they will be in the same cabin, but there is no guarantee.

**BALANCE DUE** – Balances are to be paid in full by March 15. Please log into your account and make your final payment online. If you prefer to pay by check, you can do that online as well through e-check. After March 15 we will begin charging all unpaid balances to the last credit card on file. This is a time consuming process so we appreciate your promptness in taking care of your balance in a timely manner.

### CANCELLATION/WITHDRAWAL REFUND POLICY –

Camp Timberline greatly values each family's investment in camp. We strive to honor your funds and also cover fixed costs to make this the best experience for your child. Our cancellation policy is as follows:

- If a camper cancels for any reason, the \$200 deposit is non-refundable.
- If a camper cancels for any reason prior to May 1st, all monies paid over and above the initial \$200 non-refundable deposit will be refunded.
- If a camper cancels for any reason after May 1st, no monies will be refunded.
- Camp Timberline will always try to work with camper families to reschedule the camper's session, pending availability.

**CAMPER BEHAVIOR** – Please refer to the Camper Health/Behavioral Policy for guidelines on successful participation at camp. If necessary, the Camp Director will contact the parent to discuss concerns regarding this policy and reserves the right to dismiss any camper who becomes in any way detrimental to the best interest of the other participants at camp. We cannot give refunds for dismissals that fall under these policy guidelines.

**BULLYING POLICY** - Camp Timberline is a place where each and every person is known and loved. Our core values promote inclusion, kindness, patience, positivity, gratitude, forgiveness, and safety. Therefore, behavior that contradicts these actions in the form of direct or indirect bullying that causes physical, verbal, social or emotional harm to a camper will NOT BE TOLERATED at Camp Timberline. A Camp Director will immediately address any incident of reported bullying and reserves the right to dismiss a camper from camp without refund based upon the severity of the behavior. Each incident will be evaluated and reviewed on a case by case basis.

**CARING FOR OUR CAMPERS** – Camp Timberline is licensed by the Child Care Division of Colorado and, as such, we are required by law to report any suspected case of child abuse discovered while a child attends camp. Parent/guardian is also free to file a complaint with the Colorado Department of Human Services and the Division of Child Care by mailing any complaint to 1575 Sherman Street, Denver, CO 80203-1714, or by calling 303-866-5958 or 1-800-799-5876.

#### OFF-SEASON ADDRESS –

430 Canyon Avenue, Ft Collins, CO 80521  
Office – 970-484-8462

#### SUMMER ADDRESS –

1207 Longs Peak Road, Estes Park , CO 80517  
Office – 970-586-7777

www.camptimberline.com  
email – office@camptimberline.com



## BASE CAMP PACKING LIST

- Use this checklist as a guideline to help you pack for the most incredible week of your life!
- Remember, there are no laundry facilities at camp, so campers need to pack enough for the entire week.
- If you are staying more than one week, we will take you into Estes Park to do your laundry in between sessions
- **PLEASE REMEMBER TO LABEL ALL CLOTHING AND BELONGINGS!**

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____ Suitcase or large/duffle bag (for belongings)	____ Daypack/backpack for Day Hike
____ Single sheets and blanket (warm)	____ Swimsuit (see clothing guidelines)
<u>OR</u> sleeping bag for bunk	____ Water shoes or durable sandals
____ Pillow	____ Toiletry items
____ Bath towel/Shower shoes	____ Sunscreen
____ Washcloth(s)	____ Flashlight
____ Pajamas	____ Hand Sanitizer (small size for backpack)
____ Underwear	____ Labeled laundry bag (for dirty clothes)
____ Socks	____ Bible, pen and paper
____ Shorts	____ Equipment for sports leagues (tennis or lacrosse only)
____ T-shirts (see clothing guidelines)	____ Water Bottle
____ Jeans and/or sweatpants	____ Party costumes (party themes outlined in spring newsletter & online)
____ Sweatshirts	____ Sunglasses
____ Jacket or Fleece	<b>AND A BIG SMILE!</b>
____ Raincoat or poncho	
____ Shoes (athletic and walking/hiking)	

## CLOTHING GUIDELINES

- Males should not wear short (track) shorts. Please no underwear showing or sagging and no Speedo briefs for swimwear.
- Females should not wear spaghetti strap tops, shorts that have an inseam shorter than 3 inches, crop tops, low neckline, see-through shirts or overly tight clothing to camp. Swimsuits should either be one-piece or a tankini where the top touches the swimsuit bottoms.
- Please leave clothing at home with inappropriate advertisements or questionable statements.

## WHAT NOT TO BRING

- Tobacco products, iPods, MP3 players, cell phones, electronic games, expensive accessories (i.e. sunglasses, watches, necklaces, etc.) money, food, candy, inappropriate magazines or books, or anything valuable. Alcohol, animals, weapons or drugs (marijuana, illegal drugs) are strictly prohibited.
- For the safety and concern of other campers, our staff will make a thorough search through each camper's luggage on Opening Day. Any items labeled above will be confiscated. Valuables will be locked in the camp office until Closing Day and food items will be discarded.
- Ultimately, if any of the items mentioned in this section are brought to camp, they are the camper's responsibility and Camp Timberline is not liable for any loss incurred.

## LOST AND FOUND

Camp Timberline is not responsible for lost items. Lost and found items will be displayed on a table in the lodge on Closing Day. Please be sure to check the table before leaving camp. All unclaimed items will be taken to the Fort Collins office and held for one week prior to being donated to local charities. We strongly advise parents/guardians to label all of their child's belongings, guide them on packing, and do not send anything valuable to camp.



## DIRECTIONS TO CAMP

If you get lost, give us a call! 970-586-7777

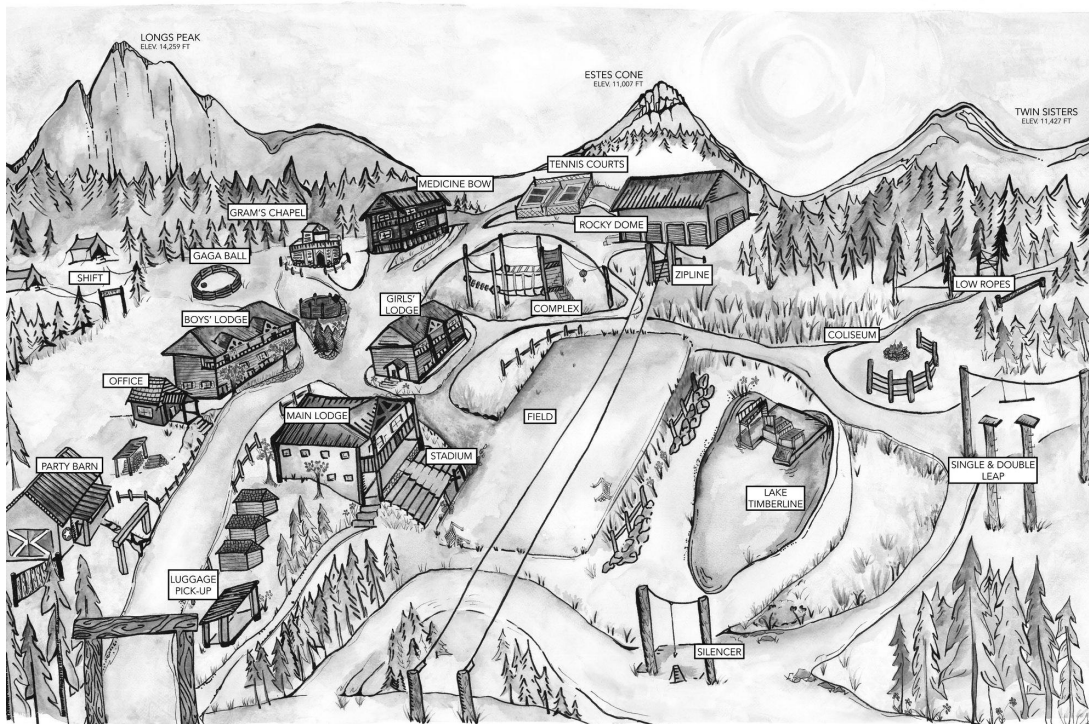
### FROM DENVER

- Take I-25 North to Hwy 66
- Take Hwy 66 through Longmont to Lyons
- When in Lyons, turn left onto Hwy 7, going to Allenspark
- Stay on Hwy 7 until you come to Longs Peak Road (Mile Marker 9) (20-30 minutes)
- Turn left onto Longs Peak Road
- Drop down into the campground and follow it around to the right.
- We are located half-way around the loop on the right.

### FROM NORTHERN COLORADO

Take Hwy 34 in Loveland towards Estes Park

- When you reach Estes, turn left onto Hwy 36
- Follow the road to the right, which turns into Hwy 7
- Go 9 miles and turn right on Longs Peak Road
- Drop down into the campground and follow it around to the right.
- We are located half-way around the loop on the right.



# 2024 DOCTORS STATEMENT OF PARTICIPATION FOR BASE CAMP, BEYOND TIMBERLINE and SHIFT



## CAMPER HEALTH EXPECTATIONS FOR SUMMER PROGRAM –

All campers should be able to participate in athletic activity at 9,400 feet above sea level. A licensed Medical Doctor/NP/RN will be available on the property when campers are in session and more extensive care is provided by the Estes Park Hospital or Timberline Medical Clinic, which are located within 25 minutes of camp. Camp Timberline expects campers to have their health and behavior well managed.

Please see our Health/Behavioral Statement for more information.

I confirm that within the preceding 24 months a health screening has been performed on:

**CAMPER NAME:** \_\_\_\_\_

Date Examined: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

The above-named camper is current on his/her DTaP/Tdap and/or DT/Td immunization. YES / NO

In my opinion, the camper named above is in satisfactory physical condition and capable of active participation in a regular camp program. YES / NO

The camper is under the care of a physician for the following conditions (please be specific and list any physical limitations, health concerns, or special care needed with current treatment): \_\_\_\_\_

With camp's altitude of 9,400 feet, has the camper been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that would limit participation? YES / NO

If YES, please explain: \_\_\_\_\_

Does the camper use an inhaler, EpiPen, or other emergency medication? YES / NO

If YES, please list the items that the camper is authorized to carry with them at all times: \_\_\_\_\_

Please list any known drug reactions and allergies that the camper has:

Are there over the counter medications that the camper may NOT have (please refer to the camp list on the next page)? YES / NO

If YES, please list those OTC items the camper may NOT have:

\*I have also provided the camper's Certificate of Immunization or Statement of Exemption as required by Camp Timberline and Colorado state law.

**REQUIRED SIGNATURE OF PHYSICIAN/NP/RN:** \_\_\_\_\_

Date: \_\_\_\_\_

PHYSICIAN/NP/RN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Camper's Session(s): \_\_\_\_\_





## HEALTH HUT OVER THE COUNTER MEDICINE – PAGE 2 of DOCTOR'S STATEMENT

Please Note: All medication is given per instruction, allergies are verified, and only age-appropriate for the camper. These medications are available on an as-needed basis and note intended for daily or weekly use.

Benadryl (liquid & tablets)

Campho Phenique

Cepacol

Cetaphil

Claritin (loratadine)

Dayquil (acetaminophen, dextromethorphan HBr, phenylephrine)

Delsym (dextromethorphan)

Hydrocortisone Cream

Ibuprofen (liquid & tablets)

Liquid IV (electrolyte powder)

Melatonin

Miralax

Nasal Saline Spray

Nyquil \*acetaminophen, doxylamine succinate, dextromethorphan HBr)

Pepcid (famotidine)

Throat Lozenges

Robitussin (guaifenesin)

Triple Antibiotic Ointment

Tylenol (acetaminophen)

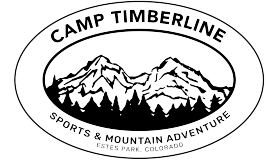
Tums

Sunscreen Provided by Camp: Rocky Mountain Sunscreen SPF 50

\*Please send your own sunscreen to camp but this will be available as needed.

CAMPER PRESCRIPTIONS: These items will need to be submitted to the RN/NP/MD with Doctor's Orders Form for each item in the ORIGINAL container on Opening Day. If your camper takes any of these over the counter medications regularly, please bring an adequate supply for their time at camp.

# DOCTORS ORDERS - PRESCRIPTIONS & REGULAR OTC



## REQUEST FOR MEDICATION/ MEDICAL PROCEDURES TO BE GIVEN AT CAMP TIMBERLINE

State child care regulations require prescriptions, regular over-the-counter medication (OTC), and any OTC not on the approved Health Hut list to be in the original container and doctor's orders concerning the following appropriateness and method of administration to be submitted with the information below.

**IMPORTANT NOTES: If your child is not bringing one of these items, you do NOT need to complete this form.**

**If your physician's office or school has a version of this available, a copy can be given to us in place of this form on Opening Day.**

**Doctor's Orders are required for EACH prescription, regular OTC, and any OTC not on camp's approved Health Hut list.**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session: \_\_\_\_\_

Name of Medication/Medical Procedure: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Each Day (please circle): Morning Lunch Dinner Bedtime

Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Expected Action of Medication/ Medical Procedure/Side Effects (please write on reverse if additional space is needed or attach additional pages:)

\_\_\_\_\_  
\_\_\_\_\_

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The undersigned understand and agree that the above medication/medical procedure may be administered by the camp RN/NP/MD in accordance with the above instructions.

### PHYSICIAN:

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PARENT/LEGAL GUARDIAN:

I hereby give permission for the camp to administer the medication and treatments as prescribed above.

I also give permission for the camp to contact the above health care provider regarding the administration of this medication/medical procedure and share the above the information with pertinent camp staff.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Certificate of Immunization

6 CCR 1009—The Infant Immunization Program and Immunization of Students Attending School  
Schools shall have on file an official Certificate of Immunization for every student enrolled.

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

Vaccine		Enter the month, day and year each immunization was given						Titer Date
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							
Measles	Measles							
Mumps	Mumps							
Rubella	Rubella							
Varicella	Chickenpox					Provider Documentation Date of Disease	Positive Screen Date	
Vaccines recorded below this line are recommended. Recording of dates is encouraged.								
HPV	Human Papillomavirus							
Rota	Rotavirus							
MCV4/MPSV 4	Meningococcal							
Hep A	Hepatitis A							
Flu	Influenza							
Other								

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

- A) Child Care Up to Date**  
Up to date through 6 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- B) Child Care Up to Date**  
Up to date through 18 months of age for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- C) Child Care/Pre-school/Pre-K\***  
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_
- D) Complete for K–5th Grade**  
Up to date for K–5th Grade for Colorado School Immunization Requirements  
Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW  
(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.  
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**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.

**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):*

*La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

**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.

**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):*

*Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**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.

**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):*

*Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)



# 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 official exemption form 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 12<sup>th</sup> grade, and colleges or universities. Prior to kindergarten, an official non-medical exemption form must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices.<sup>1,2</sup> From kindergarten through 12<sup>th</sup> grade, an official non-medical exemption form must be filed every year during the student's school enrollment/registration process<sup>1</sup>. **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:	

<sup>1</sup> 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>.

<sup>2</sup> 2016 Recommended Immunizations from Birth through 6 Years Old: [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf). Based on this schedule, a non-medical exemption form 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](http://www.colorado.gov/cdphe/immunization-education), or [www.ImmunizeforGood.com](http://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](http://www.ColoradoIIS.com) or my health care provider to locate my child's/my immunization record.<sup>3</sup>

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

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

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: \_\_\_\_\_

<sup>3</sup> 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](http://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.

# FOOD ALLERGY ACTION PLAN



In an effort to provide the safest dining experience for the campers, we abide by this policy to accommodate kids who have dietary allergies. If your child has dietary allergies, we ask that you take the following steps.

1. If your child has anaphylactic reactions, it is mandatory that your child's MD/NP/RN complete the Colorado Allergy and Anaphylaxis Emergency Care Plan (on second page) and note all dietary allergies before your child can attend camp.
2. A menu can be requested after May 1<sup>st</sup>. We ask that parents view the menu and if necessary provide alternatives to foods their camper cannot have if necessary. In order to ensure safety, we also ask that families who are providing food prepare the components of the meal as much as possible prior to their arrival at camp. We will have a microwave, toaster, refrigerator and freezer available for cooking and storing food items at Base Camp. Please label each container with the camper's name and meal it is replacing so that it can be prepared for them to eat.
3. Please bring this form completed with you on Opening Day. We ask that you also discuss your camper's allergy/restrictions with the kitchen staff upon arrival.
4. Facility Statement: Food brought to camp will be stored and prepared separately from our regular inventory. However, please note that our facility is not allergen-free and the kitchen and dining hall will process and serve other foods that contain allergens.
5. Snack Shack: Camp opens a Snack Shack daily to campers and this store sells various candy, ice cream, and soft drink items. If your child is allergic to items sold at the Snack Shack, we ask that parents/guardians review the store with their child to discuss what can and cannot be eaten.
6. If you should need further assistance, wish to speak to someone regarding your child's allergies, have questions about Beyond Timberline meals or would like the menu, please email [kitchen@camptimberline.com](mailto:kitchen@camptimberline.com).

Camper Name: \_\_\_\_\_ Dietary Allergy(ies) or Restrictions: \_\_\_\_\_

Day	Breakfast	Lunch	Dinner
Sunday	X	X	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday		X	X

Camper's Cabin/Group: \_\_\_\_\_

Assigned Counselor(s): \_\_\_\_\_

See Next Page for Allergy Emergency Care Plan >

# Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

**HISTORY:** \_\_\_\_\_



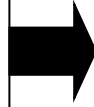
**Asthma:**  YES (higher risk for severe reaction)  NO

To be completed by healthcare provider

## ◇ STEP 1: TREATMENT ◇

### SEVERE SYMPTOMS: Any of the following:

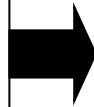
- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy,
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Significant swelling of the tongue and/or lips
- SKIN: Many hives over body, widespread redness
- GUT: Repetitive vomiting, severe diarrhea
- OTHER: Feeling something bad is about to happen, confusion



1. **INJECT EPINEPHRINE IMMEDIATELY**
  2. Call 911 and activate school emergency response team
  3. Call parent/guardian and school nurse
  4. Monitor student; keep them lying down
  5. Administer Inhaler (quick relief) if ordered
  6. Be prepared to administer 2<sup>nd</sup> dose of epinephrine if needed
- \*Antihistamine & quick relief inhalers are not to be depended upon to treat a severe food related reaction . **USE EPINEPHRINE**

### MILD SYMPTOMS ONLY:

- NOSE: Itchy, runny nose, sneezing
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort



1. Alert parent and school nurse
2. Antihistamines may be given if ordered by a healthcare provider,
3. Continue to observe student
4. If symptoms progress **USE EPINEPHRINE**
5. Follow directions in above box

**DOSAGE: Epinephrine:** inject intramuscularly using auto injector (check one):  0.3 mg  0.15 mg

If symptoms do not improve \_\_\_\_\_ minutes or more, or symptoms return, 2<sup>nd</sup> dose of epinephrine should be given

**Antihistamine:** (brand and dose) \_\_\_\_\_

**Asthma Rescue Inhaler:** (brand and dose) \_\_\_\_\_

Student has been instructed and is capable of carrying and self-administering own medication.  Yes  No

Provider (print) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this condition warrants meal accommodations from food service, please complete the medical statement for dietary disability

## ◇ STEP 2: EMERGENCY CALLS ◇

1. If epinephrine given, **call 911**. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Emergency contacts: Name/Relationship Phone Number(s)
  - a. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_
  - b. \_\_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_

### **EVEN IF PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS**

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Severe Allergy Care Plan for my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_





## Behavioral Health Management Overnight Camp Programs

The safety and health of your camper is first priority at Camp Timberline. Our location, environment and staff availability are how we determine the best scenario in meeting camper medical and behavioral needs. We want it to be a successful and safe experience for each camper. Therefore, our staff must be notified of each medical and/or behavior condition prior to attending camp. Each condition is considered on a case by case basis and final acceptance is at the sole discretion of the Camp Director after consultation with the medical team.

These conditions may be one of the following:

### Medical and/or Dietary:

These are conditions that require careful monitoring of the camper's physical condition.

- Medical Concerns: Diabetes, Cystic Fibrosis, Hemophilia, Epilepsy, and heart conditions need to be reviewed by our directors.
- Dietary Concerns: Celiac Disease, peanut allergies and dairy allergies need to be reviewed with our directors and food service staff.

### Program Restrictions:

- For overnight camp programs, any food items required outside of the regular camp menu will need to be brought separately by the camper, labeled by day and meal, and stored in a cooler for the food service team to prepare. A Food Allergy Action Plan must be completed during registration and discussed with a director prior to arrival.
- Due to the remote locations and rustic meal plan for our backpacking program (Beyond Timberline), campers who have diabetes and/or severe food allergies should consider a different program.

### Social/Emotional/Behavioral:

These are conditions in which the camper and the lives of those around them are impacted.

- Depression, Anxiety, Suicidal Tendency, Learning Disability, Language Delay, Observed Behavior Challenges, Autism, Asperger's, and Down's Syndrome are some examples.

### Essential Functions of a Camp Timberline Camper:

Ultimately, each child is expected to thrive within the Essential Functions of Camp Timberline as defined below.

- Function Independently – In a remote, rustic environment for a full week without requiring one-on-one supervision. All health and behavioral issues need to be self-managed in a successful way.
- Live Cooperatively with Others – Campers must be able to effectively interact in a group-based or community living environment.
- Be Attentive and Follow Directions – Campers need to respond well to authority and follow directions from the counseling staff over a sustained period of time. Safety is priority and each camper is responsible to follow the guidelines and rules set forth by the Camp Timberline staff.
- Maintain Physical Activity at 9,400 Feet Above Sea Level - Our program is very active and physically challenging for campers. Daily activities include 3 hours of sports and mountain adventure at a higher altitude. Campers must be able to engage in activities both indoors and outdoors within these conditions, on land and water.

### Bullying:

Camp Timberline is a place where each and every person is known and loved. Our core values promote inclusion, kindness, patience, positivity, gratitude, forgiveness and safety. Therefore, behavior that contradicts these actions in the form of direct or indirect bullying that causes physical, verbal, social or emotional harm to a camper will NOT BE TOLERATED at Camp Timberline. A Camp Director will immediately address any incident of reported bullying and reserves the right to dismiss a camper from camp without refund based upon the severity of the behavior. Each incident will be evaluated and reviewed on a case-by-case basis.



# Overnight Camp Illness Prevention & Health Policy

Camp Timberline is dedicated to keeping our campers and staff as healthy as possible while they are on camp property. As such, we continue to take a proactive stance on all communicable and influenza-like illnesses. In accordance with CDC resources, the American Camping Association (ACA), the Association of Camp Nursing (ACN), as well as our state and local health department guidelines, the following procedures have been put in place to minimize the spread of illness and are subject to change with fluctuations in our county and state.

- Upon arrival, campers will receive a temperature reading along with a 24-Hour Health Screening form to address current symptoms, exposure, and medication.
- If a camper has **ONE** of the **MAJOR** symptoms below, the camper will be immediately isolated and may be sent home as recommended by our health staff and county health department.
  - a. New or worsening cough or
  - b. Shortness of breath or difficulty breathing or
  - c. GI Issues (nausea/vomiting/diarrhea) or
  - d. Temperature of 100.4° or greater
- If a camper has **TWO** of the **MINOR** symptoms below, the camper will be evaluated by our health staff, deferring to the most current county health department guidelines to determine the appropriate next steps:
  - a. Runny nose or congestion
  - b. Headache
  - c. Sore throat
  - d. Does not feel well (achy/fatigue)
- If a camper is placed in isolation, the parent/guardian will be notified to pick up their child.
- If a camper is sent home to isolate, he/she may return for a different session during the current summer, pending availability.

## Other Camp Safety Measures:

- Campers are monitored by their counselors throughout the week for any symptoms.
- Staff will be pre-screened before arrival and follow all public health guidelines while employed.
- Staff are educated on the importance of hand washing and guide their campers in this effort throughout the day.
- Alcohol based hand cleaner is provided, as well as soap in each cabin and hand-washing stations around camp.
- Increased ventilation is provided in the common areas of camp and in each cabin.
- The common camp areas and cabins will be cleaned and sanitized regularly by our staff.

**Safe Re-Entry to Camp:** Campers may return for a different session during the current summer pending availability. Camp Timberline's health team will need to be contacted to verify the camper is healthy enough to attend camp.

For other illnesses, a camper may return if symptoms are improving, Camp Timberline's health staff have been consulted, and the camper is fever-free for 24 hours without fever reducing medications, unless the fever is caused by an illness that requires them to stay home longer.

Agency Connections for More Information:

National: Center for Disease Control & Prevention - [www.cdc.gov](http://www.cdc.gov) and American Camp Association – [www.acacamps.org](http://www.acacamps.org)

State: Colorado Department of Public Health - [www.cdphe.state.co.us](http://www.cdphe.state.co.us)

Local: Larimer County Department of Public Health - [www.larimer.org/health](http://www.larimer.org/health)

Parent/Guardian Agreement: I have read and agree to the Camp Timberline Illness Prevention & Health policy.

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Parent/Guardian Signature

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Date

*Updated 4-5-23*