

# Welcome to Camp Paul Hummel

We know that your child will have the time of their lives and learn more about Jesus in their short week at camp. Please take the time to carefully complete and review all of the paperwork included in this packet. **Any portion left incomplete will result in your child not being able to attend camp.** Please mail this information to the address on the forms as soon as possible to reserve your spot!

## Junior Camp: Entering Grades 4-6

At Camp Paul Hummel, Boulder CO

Registration June 19 at 4-5 pm

Check Out June 25 at 2-3 pm

Brandon and Kelly Parker, Directors

## Intermediate Camp: Entering Grades 6-8

At Camp Paul Hummel, Boulder, CO

Registration July 10 at 3-4 pm

Check Out July 17 at 9-10 am

Pastor Steve and Angie Osborn, Directors

## Senior Camp: Entering Grades 9-12

At Camp Paul Hummel, Boulder, CO

Registration July 17 at 3-4 pm

Check Out July 24 at 9-10 am

Damian Robles, Director

Early Registration **Before**

June 1: \$80

Late Registration **After**

June 1: \$100

## Space Limitations

Due to state licensing requirements, space at Camp Paul Hummel is limited. We have filled every bed in the past and anticipate having to turn away campers this year. Send your registration form in as soon as possible in order to reserve your place. Registration is on a first come first served basis.

## Completing Forms

Please be sure that all forms are filled out completely. This means that every line must have some information written. If the information requested is not applicable to your family situation, please write N/A in the blank. If a form is not filled out completely, your camper may not be allowed to attend camp. **You must have the health form signed by a doctor in order to attend Camp Paul Hummel.** New CO state regulations require that the physical exam for camp be done within 90 days of the start of camp.

## Registration

Camp registrations should be completed and sent to the address on the form as soon as possible. Forms received before June 1 will qualify for early registration of \$80 and those received after June 1 will have a \$100 registration fee. Scholarships are available for families in need that are Colorado residents. Please contact Tanya McPherson at (303) 941-6264 or mark the scholarship request box on the registration form and explain your need on the back of the form.

## Transportation

Transportation to and from Nebraska for Intermediate and Senior Camps is provided. Please contact Tanya McPherson at (303) 941-6264 by June 10 if you need transportation to Camp Paul Hummel.

## Questions and Additional Information

Direct your questions about **Camp Paul Hummel** to: Tanya McPherson at (303) 941-6264 or e-mail at [allforjesus@yahoo.com](mailto:allforjesus@yahoo.com)

## A Message from the CO Dept. of Social Services

Camp Paul Hummel is licensed by the Colorado Department of Social Services. The license indicates that the program has met the required standards for the operation of a child care facility. If you have not yet done so, please ask to see the license. Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse for the Boulder County Department of Social services is (303) 604-1043. Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect. Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and run program. Remember to observe the program regularly, especially with regard to children's health and safety, equipment and play materials, and staff. **For additional information regarding licensing or if you have concern about the child care facility, consult the Colorado Office of Child Care Services at 1575 Sherman Street, Denver, CO 80203-1714 or you may call (303) 866-5958.** From the Boulder County Department of Social Services

## What to Bring to Camp Paul Hummel

- Clothing: Every day camp clothes, jeans and warmer clothes for the evenings, poncho or other rain gear, swimsuit and towel, hat, and hiking shoes or tennis shoes
- Bible, pen or pencil, and notebook
- All toiletries
- Sunscreen, lip balm, and insect repellent
- Sleeping bag or bedding, towel, and washcloth
- Flashlight
- Camera
- **DO NOT BRING:** Electronic devices including games, phones, or music. Candy, snacks or other food. Tobacco (Smoking and/or chewing is not allowed at camp and this rule is strictly enforced. Campers will not be allowed to leave camp property to use tobacco at any time.) **Campers bringing prohibited substances to camp may forfeit their camp fee and may be returned home at their own expense.**



# Camp Paul Hummel - Camper Health Form

**PARENTS - COLORADO DEPT. OF SOCIAL SERVICES REQUIRES US TO HAVE A CURRENT, SIGNED HEALTH FORM ON FILE BY THE FIRST DAY OF YOUR CHILD'S CAMP. YOUR CAMPER WILL NOT BE ALLOWED TO REMAIN AT CAMP WITHOUT THIS FORM PROPERLY COMPLETED AND SIGNED!** THANKS, CPH TRUSTEES

Camper's legal name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 Date of last physical: \_\_\_\_\_

Please circle and/or list the communicable diseases and/or serious illness or surgeries that this camper has had:

Measles Rubella (German measles) Chicken pox Mumps Scarlet Fever Strep Throat Head Lice  
 Others: \_\_\_\_\_

Is this child currently free from contagious disease(s)? Yes No (please describe) \_\_\_\_\_

Please list any surgeries and/or broken bones this camper has had, e.g., appendix removed, broken arm/leg, etc.:  
 \_\_\_\_\_

List any chronic or disabling problem that this child has, e.g., seizures, diabetes, heart disease, respiratory problems, etc.:  
 \_\_\_\_\_

Please list any allergies this child has to the following, and his/her symptomatic reactions (i.e. severe swelling, breaks out in hives, etc.):

Allergy	Symptomatic Reaction
Medications (including penicillin):	
Food:	
Other:	

Does this child carry an epinephrine pen for severe allergic reactions? \_\_\_\_\_

## IMMUNIZATION RECORD

The Colorado Department of Human Services requires us to have a current copy of the above named camper's immunization record on file along with this Camper Health Form. **If this camper is not a Colorado resident, please see the exemption notice on the back of this form.** If this camper is a Colorado resident, please submit a copy of his/her immunization record with this form.

**Parent/Guardian:** ALL MEDICATION LISTED BELOW (i.e. TYLENOL, BENADRYL, VITAMINS, etc.) MUST BE BROUGHT WITH THE CAMPER TO CAMP IN ITS ORIGINAL CONTAINER AND IT MUST BE LABELED WITH THE CAMPER'S NAME AND DIRECTIONS FOR USAGE. ANY MEDICATION THAT HAS EXPIRED WILL NOT BE ADMINISTERED TO THE CAMPER. ALSO, ANY MEDICATION(S) BROUGHT WITH THE CAMPER THAT ARE NOT LABELED OR DO NOT INCLUDE DIRECTIONS FOR USAGE WILL NOT BE ADMINISTERED TO THE CAMPER.

**Physician** - please include ALL medications including Tylenol, aspirin, etc.

## AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Medication	Dosage	When to be given	Side effects	Date Prescribed

**PHYSICIAN SIGNATURE REQUIRED ON OTHER SIDE**

# PHYSICIAN

*I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows:*

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**My signature also:**

- 1) Acknowledges that all immunizations are current at the time of camp check-in
- 2) Authorizes the properly qualified health supervisor of Camp Paul Hummel to administer both prescription and non-prescription medication to this camper as per the directions for usage.

**Signature of Physician or Nurse Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name of Physician or Nurse Practitioner: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

## Non-Colorado Resident Exemption

The child listed on this form is exempt from the current Colorado Immunization Requirements because he/she is not a Colorado resident. Attached is a current copy of this child's immunization records for the state of \_\_\_\_\_.

Signed: \_\_\_\_\_  
(parent/guardian)

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

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

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

Vaccine	Enter complete date each immunization was given					
Hep B	Hepatitis B					
DTaP/Tdap	Diphtheria, Tetanus, Pertussis					
DT/Td	Tetanus, Diphtheria					
Hib	<i>Haemophilus influenzae</i> type b					
IPV/OPV	Polio					
PCV7	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					

Healthcare Provider Documentation Date \_\_\_\_\_ Lab Verification Date \_\_\_\_\_

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

To the best of my knowledge, the person named above has received the above immunizations.

**DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician, nurse, or school health authority)

**Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**

Vaccine <sup>a</sup>	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 <sup>b</sup>	5/4 <sup>b,c</sup>	6 <sup>c,d</sup>	
Polio <sup>e</sup>	1	2	3	3	3	3	3	3	4/3 <sup>f</sup>	4/3 <sup>f</sup>	4/3 <sup>f</sup>	
Measles/Mumps/ Rubella <sup>g</sup>					1	1	1	1	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h,i</sup>
<i>Haemophilus influenzae</i> type b (Hib) <sup>j</sup>	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate <sup>k</sup>	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B <sup>l</sup>	1	2	2	2	3	3	3	3	3	3	3	
Varicella <sup>m</sup>					1	1	1	1	2 <sup>n</sup>	2 <sup>n</sup>	2 <sup>n,o</sup>	
Meningococcal												p

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.  
 b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.  
 c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.  
 d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.  
 e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.  
 g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.  
 h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.  
 i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.  
 j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

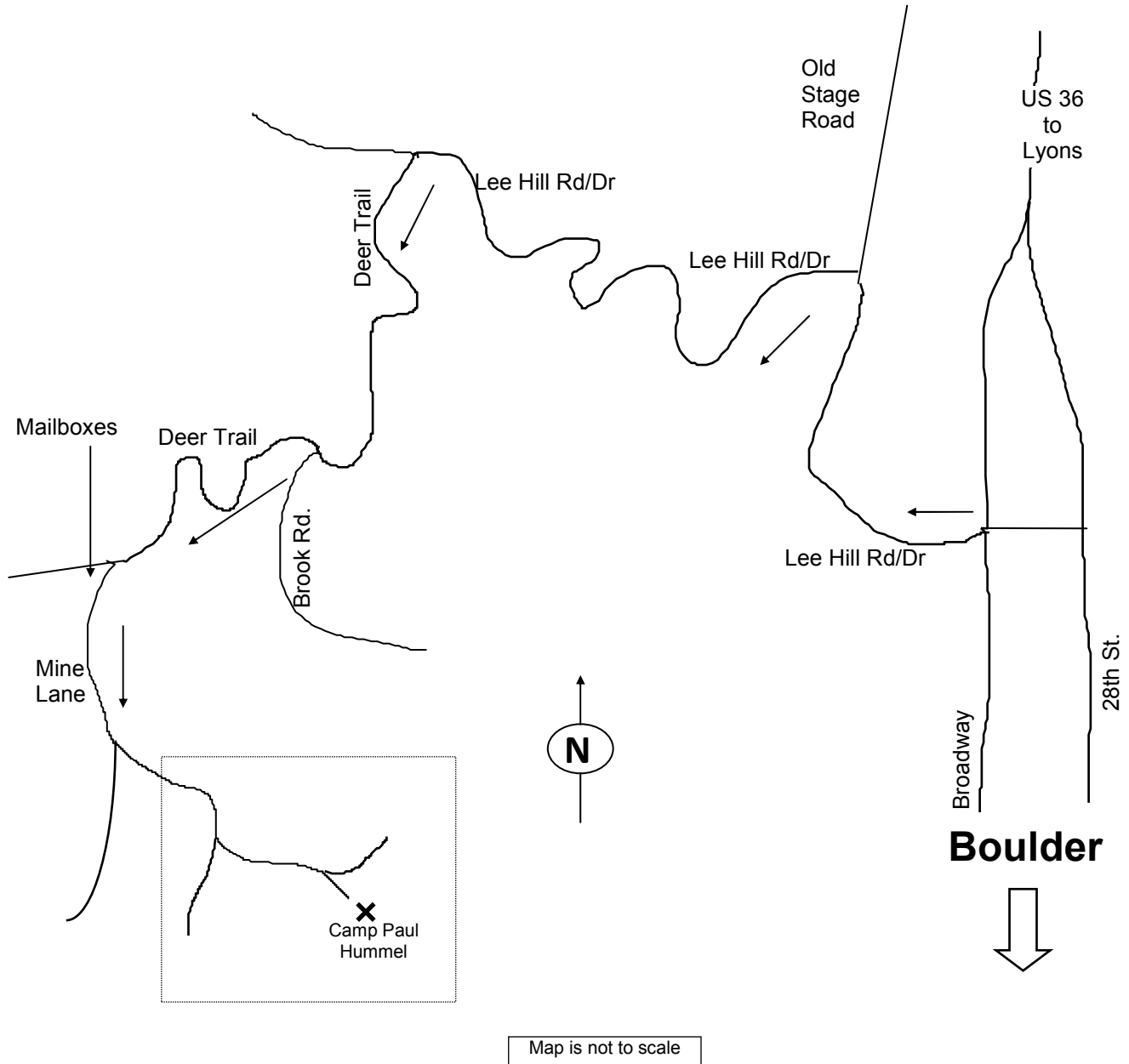
requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.  
 k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.  
 l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.  
 n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.  
 o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.  
 p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.



## How to get to Camp Paul Hummel

Camp Paul Hummel is 6.5 miles from the corner of Lee Hill Drive and Broadway in Boulder, and is located in the foothills North and West of Boulder, overlooking the beautiful Boulder Valley. On a clear day Denver can be seen! The Camp is 2,000 feet higher in elevation than Boulder.



This camp and its activities are available to all without regard to race, color, national origin, age, gender, or handicap.