PARTICIPANT NAME:

COLORADO SUMMER CAMP ADDITIONAL REQUIRED INFORMATION

Colorado Addendum – Additional Information

This information is required by the State of Colorado Department of Human Services, Division of Early Learning and Care, Office of Child Care Licensing. Comments about this additional paperwork can be directed to the State of Colorado Department of Human Services, Office of Early Childhood at 303-866-5948 or cdhs_oec_communications@state.co.us.

ALL INFORMATION MUST BE FILLED OUT ENTIRELY

Specific dates you child is attending camp. (Child Care Regulation 7.711.41.A.5)	Dates:
Please list the contact information for the parent or	Name:
legal guardian.	Relationship:
(Child Care Regulation 7.711.411.A.2)	Home Address:
, , , , , , , , , , , , , , , , , , , ,	
	Work Address:
	Work Address.
	Phone Number:
	Email Address:
	2.116.1171.041.0331
Authorized Person(s) allowed to take the child from	Name:
camp if the parent or guardian is unavailable.	Relationship:
	Phone Number:
(Consider listing the adult leaders doing	Address:
transportation to and from camp, and another	
emergency contact. Attach additional sheets as	
needed. Unless someone is listed, the	Name:
parent/guardian must pick up the child from camp.)	Relationship:
parenty guaranan mast pick up the emili from eamply	Phone Number:
(Child Care Regulation 7.711.411.A.4)	
(clina care negatation 7.7 11.411.7.4)	Address:
Sunscreen Authorization	I, (print parent/guardian name) DO or DO NOT
Sunscicent Authorization	(circle one) authorize my child to use and wear
(Child Care Regulation 7.711.31.0)	sunscreen at camp. I also authorize BSA Health Staff
(Cilia Care Negalation 7.711.51.0)	-
	to aid my child in the application of sunscreen if they
	request it at the camp's health lodge. I understand
	that if my child needs sunscreen, they can request it
	at the camp health lodge and it will be a SPF 30 or
	greater. I also understand that my child's name
	needs to be written on the sunscreen bottle they
	come to camp with.
	Signature: