

# 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 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 at least 12 days prior to the start of camp to reserve your spot!

## Junior Camp: Entering Grades 3-6

\* Please contact the camp coordinator if you would like to discuss the possibility of your 6th grader attending Int./Sr. camp

At Camp Paul Hummel, Boulder CO

Registration June 23 at 3-4 pm

Check Out June 28 at 6:30 pm

Tanya McPherson, Director

## Intermediate/Senior Camp: Entering Grades 7-12

At Camp Paul Hummel, Boulder, CO

Registration July 7 at 3-4 pm

Check Out July 14 at 8 am

Pastor Dusty Mackintosh, Director Intermediate

Damian Robles, Director Senior

**Early Registration Before June 1: \$130**  
**Late Registration After June 1: \$150**

### 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

## 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. Registrations will not be accepted within ten days to the start of camp.

## 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.**

## Registration

Online registration is available in order to hold your campers spot immediately. If you choose to complete the online registration form, the health forms and immunization record will need to be mailed in or brought with you at the time of registration. You may also print out the forms and mail them to:

**Katie Moore**  
**2055 JCK Place**  
**Longmont, CO. 80504**

Forms received before June 1 will qualify for early registration of \$130 and those received after June 1 will have a \$150 registration fee. Scholarships are available for families in need that are **Colorado residents**. Please contact Katie Moore at (303) 815-2068 or mark the scholarship request box on the registration form and explain your need on the back of the form.

## Questions and Additional Information

Direct your questions about **Camp Paul Hummel** to: Katie Moore at (303) 815-2068 or e-mail at [cphcoordinator@gmail.com](mailto:cphcoordinator@gmail.com)

## 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, towel, washcloth
- Sunscreen, lip balm, and insect repellent (must have signed parent permission to use these items)
- Sleeping bag or bedding and pillow
- 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 Registration Form

Please complete one form for each camper

## Camp Attending:

**Junior Camp:** June 23-28

**Entering Grade:** 3 4 5 6

Circle one

**Intermediate/Senior Camp:** July 7-14

**Entering Grade-** 7 8 9 10 11 12

Circle one

## Camper Information:

Camper's Legal Name: \_\_\_\_\_ **Male / Female** Birthdate: \_\_\_\_\_  
circle one

Camper's address: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_ **Camper T-shirt size:** \_\_\_\_\_

\* Camper Allergies: \_\_\_\_\_

## Guardian Information:

Father/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

\_\_\_\_ Registration fee of \$ \_\_\_\_\_ is enclosed. (Please make check or money order payable to Camp Paul Hummel)

\_\_\_\_ I am requesting a scholarship for \$ \_\_\_\_\_. (Please explain your need on the back of this form)

\_\_\_\_ I will send the registration fee of \$ \_\_\_\_\_ with my son/daughter to camp.

# Camp Paul Hummel - Camper Health Form (Page 1/4)

Colorado Dept. of Social Services requires camps to have a current health form on file ten days prior to your child's camp. Campers will not be allowed to remain at camp without this 4-page form properly completed and signed by the guardian and physician. All information is kept confidential and is used to prepare for campers needs (dietary, physical, and mental/emotional/social) throughout the week and in the event of an emergency.

Camper's legal name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

## Medical Insurance Information

This camper is covered by family medical/hospital insurance † Yes † No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

## Emergency Contact Information

The parent/guardian will be the first person contacted in case of an emergency. Please list other person(s) to be contacted in case of an emergency:

1. _____ (Name) (Relationship)	2. _____ (Name) (Relationship)
_____	_____
(Address) (Phone)	(Address) (Phone)

Person(s) permitted to pick up my child from camp.

1. \_\_\_\_\_  
(Name) (Relationship)

2. \_\_\_\_\_  
(Name) (Relationship)

Person(s) not permitted to pick up my child from camp.

1. \_\_\_\_\_  
(Name) (Relationship)

2. \_\_\_\_\_  
(Name) (Relationship)

Doctor contact information

1. \_\_\_\_\_  
(Name) (Phone)

Dentist contact information

1. \_\_\_\_\_  
(Name) (Phone)

## Mental, Emotional, and Social Health

Has the camper ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes / No

Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes / No

During the past 12 months, seen a professional to address mental/emotional health concerns? Yes / No \_\_\_\_\_

Had a significant life event that continues to affect the camper's life (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Yes / No \_\_\_\_\_

# Camp Paul Hummel - Camper Health Form (2/4)

## For physician to complete

### General Health History

Please circle and/or list the communicable diseases and/or serious illnesses 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 explain) \_\_\_\_\_

Has this child ever been hospitalized? Yes / No (please explain) \_\_\_\_\_

Has this child ever passed out/experienced chest pain during exercise? Yes / No (please explain) \_\_\_\_\_

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.: \_\_\_\_\_

Has this child traveled outside of the country in the last nine months? Yes / No (please explain) \_\_\_\_\_

Does this child currently have problems falling asleep/sleepwalking/ sleep apnea? Yes / No (please explain) \_\_\_\_\_

Does this child wear glasses, contacts, or protective eyewear? Yes / No (please explain) \_\_\_\_\_

Any recent injuries/special needs/other concerns: \_\_\_\_\_

### Allergies

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? YES / NO

## Medication

'Medication' is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. (Please review camp instructions about required packaging/containers. The state of Colorado requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Expired medication will not be administered.)

Physician - please include ALL medications including Tylenol, creams, natural remedies, vitamins, etc.

### AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Medication	Dosage	When to be given	Side effects	Date Prescribed

## Immunization Requirements

In order for the child's application to be complete we must receive a copy of the child's most current immunization record. We are required by law to have **all immunization information on the state of CO. Immunization Form** (*not on any other type of form*). This form can be found on the page following the 4 page health form in this packet and must be filled out with the dates of each immunization. Alternatively, if you or your clinic participates in the **Colorado Immunization Information System (CIIS)** you may print immunization records on the state form directly from the CIIS site. **Please attach your camper's immunization record to the end of this packet.**

## Physician Statement

I have examined \_\_\_\_\_ and find him/her physically able to attend camp except as noted below. I understand the above medical regimen will be followed while the camper is under the care of Camp Paul Hummel. I authorize the properly qualified health officer of Camp Paul Hummel to administer both prescription and non-prescription medication to this camper as per the directions for usage.

Physician-  
Please sign,  
Print & date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Physician office address:** \_\_\_\_\_

**Physician phone number:** \_\_\_\_\_

**Parent/Guardian Name (Print)** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Camp Paul Hummel - Camper Health Form (Page 4/4)

## Guardian Authorizations

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### Emergency or Surgical Care Permission:

I hereby give my permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on this form.

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Activity Permission:

Please check the applicable boxes and sign below.

- I hereby give permission for my child to go on trips away from the camp premises, whether on foot or by vehicle.
- I give permission for my child to participate in all camp activities which may include swimming at a public pool with lifeguards.

Except: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Sunscreen/Topical Preparations Authorization:

Parents/Guardians should provide sunscreen for their campers use throughout the camp week. Sunscreen sent to camp should be **labeled with the campers first and last name**. Camp Paul Hummel is stocked with Oxybenzone-free SPF 50+ lotion and spray with broad spectrum UVA/UVB protection for use by any camper (with guardian permission).

\* Campers are responsible for applying their own sunscreen throughout the week of camp. If a camper needs assistance with the application of their sunscreen for difficult to reach areas (such as their back) staff will take all reasonable and appropriate steps to help each camper apply spray sunscreen (staff will not apply lotion sunscreen for campers).  
If, for any reason, campers cannot apply sunscreen they may not be able to participate in outdoor activities for their own protection.

Please check the applicable boxes and sign below.

- If my child's sunscreen is not available, my child may use the sunscreen (listed above) provided by the camp.
- I do not want my child to use any sunscreen other than the one he/she brings.
- I give permission to CPH to apply topical preparations (petroleum jelly, bug sprays) on my camper as needed.

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Reunification Plan:

In the event of an off-site evacuation the staff and campers will be evacuated to **Boulder Seventh Day Baptist Church at 6710 Arapahoe Rd., Boulder, CO. 80303.**

Once the campers and staff safety is ensured the camp coordinator will contact parents/guardians. If it is deemed unsafe to return to the camp facility parents/guardians will pick their camper up from the evacuation site. Parents/guardians are required to sign their camper out and show identification.

If the staff and campers are evacuated to a shelter other than the planned off-site evacuation shelter, every attempt will be made by the camp coordinator to inform parents/guardians of the shelter location as soon as staff and campers have been safely evacuated.

Parent/Guardian Name (Print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*  
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (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							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease

Varicella - positive screen date

\*A positive laboratory titer report must be provided to the school to document immunity.

## Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: \_\_\_\_\_

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

Student is current on required immunizations for age (circle one):    Yes    No

OR

Immunization record transcribed/reviewed by school health authority:

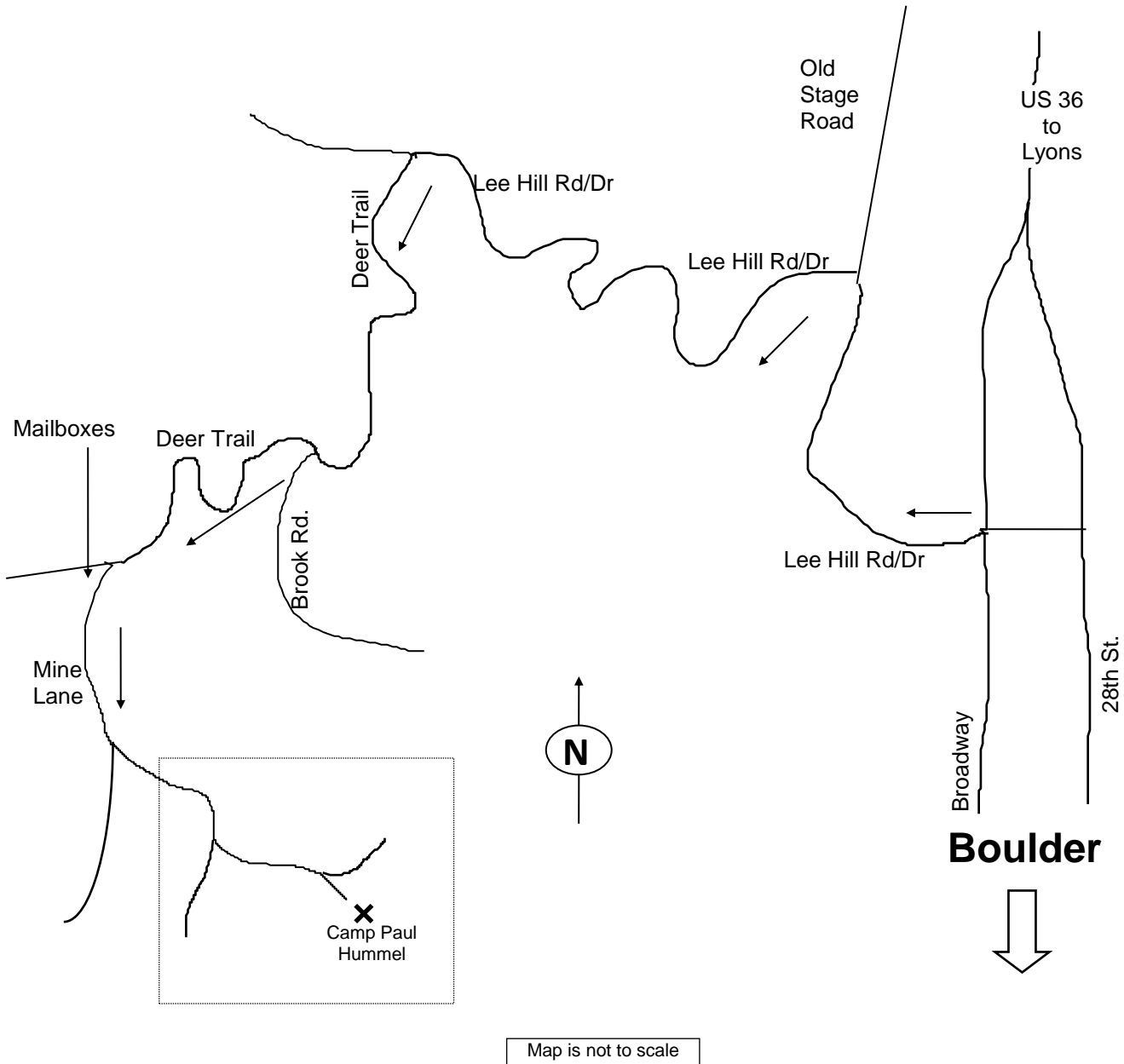
School health authority signature or stamp: \_\_\_\_\_

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



## 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.