## **COLORADO SUMMER CAMP ADDITIONAL REQUIRED INFORMATION**

Colorado Addendum – Additional Information

## ALL INFORMATION ON THIS FORM MUST BE FILLED OUT ENTIRELY PER THE STATE OF COLORADO

Participant's Name:	Campsite:	
Date of Birth:	Camp Session:	to
	Unit Type:	Unit Number:

## [CCR 7.711.41.A.2] – Legal Parent/ Guardian Contact Information

	Parent/Guardian #1	Parent/Guardian #2
Name:		
Relationship:		
Home Address:		
(Street, City, St, Zip)		
Work Address:		
(Street, City, St, Zip)		
Email:		
Phone Number:		
(Primary)		
Phone Number:		
(Secondary)		

## [CCR 7.711.411.A.4] - Authorized Person(s) Allowed to Take Child from Camp

Please indicate the individual(s) who are authorized to take your child from camp is a parent/guardian is unavailable. Consider listing the <u>Adult</u> <u>Leader doing transportation to and from camp</u> & another emergency contact.

	Individual #1			Individual #2	
Name:					
Relationship:					
Home Address:					
(Street, City, St, Zip) Email:					_
Phone Number:					_
(Primary) Phone Number:					
(Secondary)					
l hereby authorize campsite.	my child to participate in all excursions,	, off-camp activit [] <b>Yes</b>	ies & special trips in [] <b>No</b>	which the Scout may walk or ride a	away from the
Parent/ Guardian I	lame:	Signature:		Date:	
[CCR 7.711.31. 0] -	Sunscreen Authorization				
l authorize my chil	d to use & wear sunscreen at camp. I als	so authorize BSA	Camp Staff to aid m	child in the application of supscr	oon if they request
it. I understand tha	t if my child needs sunscreen bottle they can written on the sunscreen bottle they ca	request it at any	time, and it will be S		
[ ] Yes	[] No, Alternative Instructions:				

Revised as of 1/1/2022

Parent/ Guardian Name:

This information is required by the State of Colorado Department of Human Services, Division of Early Learning and Care, Office of Child Care Licensing. This form is required for all BSA Summer Camps in Colorado. Questions 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.

Date:

Signature:

(Attached additional sheets as needed.)