

# TEENS, Inc. Skate Camp and Skate Clinic



SKATE CAMP will run the following weeks:

Age	Date	Cost	Notes
<b>Camp:</b> Going into grades 4 - 6	June 7 - 11	\$240	Must have at least 6 register, limited to 10 youth
<b>Camp:</b> Going into grades 7 - 9	June 14 - 18	\$240	Must have at least 6 register, limited to 10 youth
<b>Clinic:</b> Going into grades 2 & 3	June 28 – July 1	\$65	Must have at least 6 register, limited to 12 youth
<b>Camp:</b> Going into grades 4 - 6	July 5 – 9	\$240	Must have at least 6 register, limited to 10 youth
<b>Clinic:</b> Going into grades 2 & 3	July 12 - 15	\$65	Must have at least 6 register, limited to 12 youth
<b>Camp:</b> Going into grades 4 - 6	July 19 - 23	\$240	Must have at least 6 register, limited to 10 youth

Please read through the following packet of information.

## What to bring

Please send your child **everyday** with a backpack filled with:

- 1 sun block
- 2 hat & sunglasses
- 3 sneakers
- 4 water bottle
- 5 bathing suit & towel (We may play with the hose on HOT days.)
- 6 sweatshirt or jacket
- 7 skateboard, helmet and knee pads
- 8 nutritious lunch
- 9 We will provide mid-morning snacks, so your child only needs to bring a lunch to camp. Please be sure to notify us of your child's food allergies, so that we can provide alternative snacks.
- 10 **Please do not send your child with money.** We always buy treats for everyone!

## Personal Belongings

- 1 Please be sure to label ALL of your child's belongings with her/his name.
- 2 Please do not bring any other personal belongings other than the required belongings above.

## BOULDER COUNTY HEALTH DEPARTMENT SCHOOL HEALTH PROGRAM

### HOME SICK

How do you know when to keep your child home from Skate Camp? Here are a few guidelines. **Please keep this at home for easy reference.**

Besides obvious injury and disease, children need to stay home if they have:

1. **A FEVER, VOMITING, or DIARRHEA.** If these are severe or persist, consult a doctor.
2. **A COLD.** A good rule of thumb is to keep your child home at the beginning of a cold – the most infectious time and when s/he feels the worst. Return to Summer Day Camp when s/he does not have persistent cough and feels well enough to participate.
3. **STREP THROAT.** Your child may return to Summer Day Camp 24 hours after antibiotic is started, s/he feels well enough, and temperature is normal.
4. **CHICKEN POX.** Your child should stay home until there are no new spots and old ones are scabbed over. Usually this means 7-10 days.
5. **HEAD LICE.** Your child may return to Summer Day Camp only after treatment and hair is free of nits.
6. **IMPETIGO.** Your child may return to Summer Day Camp after s/he has started treatment. Remember to remove crusts before applying medication and to cover with band-aid, if possible.
7. **PINK EYE.** Any eye infection must be under treatment by a physician before returning to Summer Day Camp. Your child may return 24 hours after antibiotic is started.
8. **MEASLES, MUMPS, RUBELLA.** These illnesses are **highly communicable** and need to be diagnosed by a physician. Please report any suspicious cases to the Summer Day Camp Director or administrative staff, so that proper follow-up can occur. If you have any concerns or suspected cases, please contact us.
9. Please note that a child who becomes ill at Summer Day Camp must be sent home if her/his temperature is 100 degrees F or over, or if 98.6 degrees F is accompanied by other symptoms or illness.
10. Any child with a persistent generalized rash, whether itchy or not, should be seen by a physician for diagnosis before returning to Summer Day Camp.

Please report these conditions to Summer Day Camp personnel when they occur.

# TEENS Inc. Youth & Family Center Skate Camp and clinic Policies

## Youth & Family Center Skate Camp Philosophy

During Youth & Family Center Skate Camp, our mission is to provide an opportunity for youth to learn basic skate boarding skills, visit different parks and work on basic leadership and communication skills.

## Admission & Registration Procedure

Enrollment is open to all children regardless of race, sex, religion, creed, or national origin. Special needs children are served in compliance with the American Disabilities Act, if our program can meet the needs of the child. ALL pages of this packet including the Enrollment Form, Field Trip and Transportation Release Form, Emergency Care Policy and Release Form, and Certificate of Immunization, must be returned prior to your child's first day of camp.

## Overview of Our Program

**Skate Camp going into fourth – sixth grade (June 7 – 11, July 5 -9, July 19 – 23)**

**Skate Camp going into seventh through ninth grade (June 14 – 18)**

<u>MONDAYS</u>	<u>TUESDAYS</u>	<u>WEDNESDAYS</u>	<u>THURSDAYS</u>	<u>FRIDAYS</u>
8:30am-3:30pm At Nathan Lazarus Skate Park	8:30am-3:30pm Field Trip to area park	8:30am-3:30pm Field Trip to area park	8:30am-3:30pm Field Trip to area park	8:30am-3:30pm At Nathan Lazarus Skate Park

**Skate Clinic Going into second and third grade (June 28 – July 1, July 12 – July 15)**

<u>MONDAYS</u>	<u>TUESDAYS</u>	<u>WEDNESDAYS</u>	<u>THURSDAYS</u>
9:00 – 11:00 At Nathan Lazarus Skate Park	9:00 – 11:00 At Nathan Lazarus Skate Park	9:00 – 11:00 At Nathan Lazarus Skate Park	9:00 – 11:00 At Nathan Lazarus Skate Park

## Inclement Weather Policy

- 1 In the event of inclement weather during our mountain summer, the staff will use good judgment and move the camp back indoors the Youth & Family Center building for the duration.
- 2 All field trips will be chosen with shelter and shade in mind.
- 3 In the case of lightning, even if spotted in the distance, all activity ceases and the group comes indoors until the storm has passed.
- 4 On field trips, in the event of inclement weather, campers will take cover under a portable tent, gazebo or, if lighting, back in the vehicle.

## Itemized Fee Schedule

Price per camp: \$240 (campers must sign up for the entire week. No individual day fees)

Price per clinics: \$65 per 4 day week (limited to 12 people)

## Payment Policy:

- 1 We must receive full payment two weeks prior to the 1<sup>st</sup> day of camp (payment deadline)..
- 2 You will still be responsible for any days that you were registered for that are missed during this period.
- 3 If at least 6 campers are not registered by the payment deadline the session will be cancelled.

## Where are the children?

Camp will start each day outside at the Nathan Lazarus Skate Park (NLSP). If you will be staying at the NLSP you will keep your belongings in a designated area under a tent outside by the park. You will spend the day outside at the NLSP or inside TEENS, Inc. Youth and Family Center. Bathroom breaks will be scheduled inside the facility. A constant numbering of children by staff will take place. On field trips campers will be at one of the many local skate parks around the Front Range. A shade tent will be provided and belongings will be stored in the van.

## Discipline Policy

- 1 We do not believe in the use of rewards, punishments, bribes, distractions or timeouts. A child may be removed from a social situation when her/his body or emotions are out of her/his present control but will be welcomed back to the group with no negative consequences once the matter is resolved.
- 2 Staff will always be encouraged to stay calm, firm, confident and friendly, and to be good role models for the children.

## Procedure with Illnesses, Injures and Accidents:

### In case of Illnesses:

\*If a child obtains a fever or gets ill (i.e. stomachache) while s/he is at skate camp, the following actions will take place:

1. Parent(s)/guardian(s) will be notified to pick up the child.

2. If parent(s)/guardian(s) cannot be reached within a half hour, the child's physician and the emergency numbers in her/his file will be called.
3. The child will rest in a quiet space, isolated from other children until s/he is picked up.
4. Over-the-counter medication may only be administered with written consent from the doctor and parent(s)/guardian(s).

\*If a child is vomiting, has diarrhea, has an undiagnosed rash, discharge from eyes, discharge from ears, discharge from nose, and/or profuse nasal charge the parent(s)/guardian(s) will be contacted. Depending on the severity, the parent(s)/guardian(s) will be notified immediately or spoken with at the end of the day. The child will be kept isolated from other children until s/he is picked up.

**In case of injuries:**

1. In the event of a slight bruise or cut, the staff will offer ice or a band-aid and fill out 2 copies of the injury report form. One copy will be put in the camper's file; the other will be given to the parent(s)/guardian(s) when the child is picked up.
2. In the event of injury that does not include a possible broken bone, life-threatening neck, back or head injury, the staff will first call the parent(s)/guardian(s) of the injured. If the parent(s)/guardian(s) is not available, the staff will try to reach the emergency contact person(s) named on registration forms. The injury form will be filled out, with copies put in the camper's file and given to the parent(s)/guardian(s).
3. In the event that no persons could be reached, or if the injury is possibly a broken bone, life-threatening neck, back or head injury, the staff will call the Nederland Fire Department, which has Emergency Medical Technicians and paramedics who respond to such calls. Staff will also continue trying to reach the parent(s)/guardian(s) and emergency contact(s).
4. If the injured person seems to have a serious injury or is unconscious, or the Nederland Fire Department advises that further emergency medical care is recommended/needed, the staff will call an ambulance (911) to transport the injured person to a hospital.

**Sick Policy:**

- 1 Please do not send your child to camp if s/he is sick
- 2 Please notify us by 9am if your child won't be attending camp.
- 3 If your child is sick and cannot attend camp there will be no refunds.

**Emergency Procedures (lost children; natural disasters; field trips)**

The emergency procedure outlined above will be followed by staff in response to all injuries, whether in the building or on a field trip. A cell-phone will be available during all field trips. The person at the front desk will always have contact with the group on the field trip, she will always know where the fieldtrip is taking place, and the children attending. If a child is lost, whether in the Town of Nederland or on a field trip, the police will immediately be contacted and following that, the parent(s)/guardian(s). If the parent(s)/guardian(s) cannot be reached, then emergency contacts will be notified.

**Transportation & Field Trip Policy**

- 1 Children will be transported in our vans to various activities on our field trip days.
- 2 Whenever the camp is away from the Center, the Director will carry the cell phone with her/him.
- 3 All parent(s)/guardian(s) must **sign and return Field Trip and Transportation Permission Form** (see attached) before child will be allowed to attend camp.

**Procedure regarding Field Trips, Video Viewing, and Special Activities:**

Our policy regarding field trips will be the continuation of recreational fun. Field trips will take place at area skate parks anywhere from 20 to 90 minutes away. Stops may be made at swimming facilities staffed with life guards. Minimal video viewing may occur in relation to skate technique.

**Policy for Riding in a Vehicle**

The number of seatbelts in the van determines the number of children allowed at camp that day. All children will pick a seat with a seatbelt and fasten in securely. The staff will then check each child individually. The director is the driver and the assistant will handle all problems of discipline that arises. The cell phone and first aid kit will be in the van or in the director's possession at all times.

**Pick-up Policies:**

1. You are required by federal regulations to sign your child in and out each day. We use these sign-in sheets as attendance records as well as a checklist in the event of an emergency.
2. Your child may only be released to parents/guardians or those persons who have written authorization, either listed on the child's Emergency Contact Information form or a signed note from the parent(s)/guardian(s). A picture ID is required for ALL people other than parents/guardians who are picking up your child.
3. **Our Program ends at 3:30pm.** If you are late to pick up your child, you will be expected to pay **\$1/minute upon arrival to the Director** for taking advantage of his kindness (exceptions **may** apply... advanced communication is recommended). If your child is still not picked up by 4:00pm, we will begin contacting Emergency Contacts or further action will be taken. The skate camp staff is free to go once all the children have been safely transferred to the parent/guardians.

**Late Arrivals Policy:**

- 1 Our Camp begins at 8:30am. The first half hour will be spent at the Nathan Lazarus Skate Park.
- 2 **Tuesdays, Wednesdays and Thursdays** are field trip days; the vans will leave at 9:00am. Once the van has left, your child will not be allowed to participate in the day's activities and no money will be refunded.

**Procedure regarding Storing and Administrating Medicines**

We prefer that medication be administered to children at home. However, if it is necessary for a camper to receive medication while at camp, the medication must be in the original container bearing a pharmacy label. The pharmacy label must show: prescription number, name of medicine, date filled, physicians name, child's name, and directions for dosage. Parent(s)/guardian(s) are required to sign a

Medical Treatment Permission form every day medication is required. A certified trained staff member administers medication at lunchtime, unless otherwise notified.

**Policy regarding Children's Personal Belongings**

Personal belongings will be stored in a designated area at the skate park or in the field trip vehicle. It is recommended that all personal belongings be labeled and that nothing other than the required equipment be brought (see page 1).

**Policy concerning Meals & Snacks**

Campers will be responsible for their own snacks and lunch. We ask that campers have a nutritious snack for the morning and afternoon as well as a substantial lunch. Water will be provided.

**Policy regarding Visitors**

All visitors to TEENS, Inc. Youth & Family Center must sign in at the front desk.

**Procedure for Filing a Complaint about Childcare**

Anyone who has a complaint regarding our facility and our care of children, or any suspected licensing violations, please feel free to speak directly to the Director of the Summer Camp or the Executive Director of TEENS, Inc. If this fails in relieving concerns, individuals may submit a letter with their complete name, mailing address and telephone number to the Colorado Department of Human Services, Division of Child Care; 1575 Sherman Street, 1<sup>st</sup> Floor; Denver, CO 80203-1714 or call 303-866-5958.

**Procedure for Reporting Child Abuse**

Any staff member of TEENS, Inc. Youth & Family Center who has reasonable cause to know or suspect that a child has been subject to abuse or neglect, or has observed the child being subjected to circumstances or conditions that would reasonable result in abuse or neglect shall immediately report to Social Services. Division of Child Care: (303) 866-5958  
Social Services: (303) 441-1240.

**Cancellation Policy:**

- 1 We know that summer is a more flexible time in all of our schedules and changes (like camping trips and vacations) arrive. We *must* be notified two weeks **BEFORE** the cancellation in order for you to receive a **refund**.
- 2 We will provide no refund for shorter notice.

**Policy for Termination from the Program**

A child will be terminated from the program for the following reasons: a consistent behavior problem, continuously disrupting the program, demonstrates lack of interest in the program, and/or lack of payment. If the director feels that the program cannot serve the child do to the above reasons, s/he will have a meeting with the parent(s)/guardian(s) to discuss the child's future with the program.



**TEENS, Inc. Youth & Family Center Programs**  
**SKATE / CLINIC CAMP ENROLLMENT FORM**  
**PLEASE RETURN ONE FORM PER CHILD**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Mailing Address \_\_\_\_\_

**Parent 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Does the child live in your household? **Y / N**  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Parent 2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Does the child live in your household? **Y / N**  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name(s) of additional person(s) other than parent(s)/guardian(s) and emergency contact(s) to whom the child may be released:

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_  
#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to sign himself/herself In/Out. **Y / N**

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

**Emergency Contacts:** (Emergency names should be someone to whom we may release your child in the event of an illness or emergency, and neither parent/guardian can be reached.)

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_  
#1 Address: \_\_\_\_\_ #2 Address: \_\_\_\_\_  
#1 Phone: \_\_\_\_\_ #2 Phone: \_\_\_\_\_

**Child's Physician Information:**

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Hospital of Choice Information:**

Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Child's Dentist Information:**

Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Office Use Only: Children's Records**

- \_\_\_\_\_ Enrollment Form
- \_\_\_\_\_ Immunization Card
- \_\_\_\_\_ Field Trip and Transportation Release Form
- \_\_\_\_\_ Emergency Care Policy and Release Form
- \_\_\_\_\_ Permission to Administer Medication (if app)

**Specific Medical Information:**

Please list all food, drug, and general allergies:

Please list any medical conditions your child has:

Please list any activities your child is not able to participate in:

My child, \_\_\_\_\_, may have **Rocky Mountain SPF 30+ Kids Skin Friendly Sunscreen** applied by a Summer Camp staff member at the TEENS Inc. Youth and Family Center.

I give my permission for my child to be included in TEENS, Inc. media.

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

Age	Date	Cost	Check week
<b>Camp:</b> Going into grades 4 - 6	June 7 - 11	\$240	
<b>Camp:</b> Going into grades 7 - 9	June 14 - 18	\$240	
<b>Clinic:</b> Going into grades 2 & 3	June 28 – July 1	\$65	
<b>Camp:</b> Going into grades 4 - 6	July 5 – 9	\$240	
<b>Clinic:</b> Going into grades 2 & 3	July 12 - 15	\$65	
<b>Camp:</b> Going into grades 4 - 6	July 19 - 23	\$240	
		TOTAL	

To be completed for all Skate Camp Participants



**(not necessary for clinic participants)**  
**TEENS, Inc. Youth & Family Center Programs**  
**FIELD TRIP & TRANSPORTATION PERMISSION FORM**  
PLEASE RETURN ONE FORM PER CHILD

I hereby permit \_\_\_\_\_ to go on field trips to Adams, Boulder, Denver, Gilpin, Summit and Jefferson counties during the 2010 Skate Camp program.

S/he will be transported in a Skate Day Camp van or a private vehicle.

1. I understand that my child will be in an enclosed vehicle with locking doors, will be secured appropriately, and shall not remain in a vehicle unattended.
2. I understand that there will be a staff member with CPR and First Aid certification on all field trips. All drivers have a current driver's license and are covered by TEENS, Inc.'s automobile insurance policy.
3. I understand that Field Trips may take place away from Summer Day Camp property; may involve transportation by Skate Day Camp van, private vehicle, or other mode of transportation; and may involve activities beyond the scope of traditional Skate Day Camp functions conducted on Summer Day Camp property.
4. I understand that my child's participation in the Field Trip is voluntary and that, by participating in the Field Trip, such participation potentially involves risks and obligations that are impossible to predict. These may include but are not limited to, the risk of loss or damage to personal property, the risk of sickness, and personal injury or death while participating in the Field Trip.
5. I exempt TEENS, Inc., Youth & Family Center, its Board of Directors, employees and authorized volunteers from all claims arising from my child's participation in the Field Trip unless caused by actions for which the Skate Day Camp would otherwise be liable under Colorado law.

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



**TEENS, Inc. Youth & Family Center Programs**  
**EMERGENCY CARE POLICY AND RELEASE**  
PLEASE RETURN ONE FORM PER CHILD

Youth & Family Center offers a recreational facility with fun activities and exciting equipment. Due to the nature of all recreational activities, there are inherent risks of possible injury. In the event that emergency care and/or transportation is needed, TEENS, Inc. Youth & Family Center would like to insure that parents and guardians of participants have a say in the emergency care given to their children. Youth & Family Center has an emergency procedure in place depending on the possible severity of the injury.

IN THE EVENT OF INJURY, TEENS, Inc. YOUTH & FAMILY CENTER STAFF WILL:

1. In the event of a slight bruise or cut, the staff will offer ice or a band-aid and fill out 2 copies of the injury report form. One copy will be put in the camper's file; the other will be given to the parent(s)/guardian(s) when the child is picked up.
2. In the event of injury that does not include a possible broken bone, life-threatening neck, back or head injury, the staff will first call the parent(s)/guardian(s) of the injured. If the parent(s)/guardian(s) is not available, the staff will try to reach the emergency contact person(s) named on registration forms. The injury form will be filled out, with copies put in the camper's file and given to the parent(s)/guardian(s).
3. In the event that no persons could be reached, or if the injury is possibly a broken bone, life-threatening neck, back or head injury, the staff will call the Nederland Fire Department, which has Emergency Medical Technicians and paramedics who respond to such calls. Staff will also continue trying to reach the parent(s)/guardian(s) and emergency contact(s).
4. If the injured person seems to have a serious injury or is unconscious, or the Nederland Fire Department advises that further emergency medical care is recommended/needed, the staff/Fire Department will call an ambulance (911) to transport the injured person to a hospital.

For both #3 & #4, the Report of Injury form will be filled out and sent to the Boulder County Division of Childcare within 48 hours.

\_\_\_\_ I give content to TEENS, Inc. Youth & Family Center to perform the above procedures.

I hereby give permission to TEENS, Inc. Youth & Family Center to secure emergency medical treatment for the above named minor child while participating in Youth & Family Center programs. All expenses for such care will be accepted by the parent(s)/guardian(s). I have read and agree with all the Emergency Care policies as listed above.

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

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

**Date of Birth** \_\_\_\_\_

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

**VACCINE Enter date each**

**immunization was given**

<b>DTaP</b>	Diphtheria-Tetanus-Pertussis (see footnote "c" below)						
<b>Td/DT/Tdap</b>	Tetanus-Diphtheria						
<b>OPV/IPV</b>	Polio						
<b>Hib</b>	Haemophilus influenzae type b						Required for children < 5 yrs. of age. (see footnote "j" below)
<b>Measles</b>	Measles						Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.
<b>Mumps</b>	Mumps						
<b>Rubella</b>	Rubella						
<b>HB</b>	Hepatitis B						
<b>Varicella</b>	Chickenpox						
<b>Other</b>							History of disease. Yes _____ year (optional) _____ (see footnote "e" below)

To the best of my knowledge, the person named above has received the above immunizations. **DO NOT SIGN UNLESS MINIMUM 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	Level of School/Age of Student								College
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18-23 mos	Pre-school 24-35 mos	Pre-school 3-4 yrs	Grades K-12 5-18 yrs	
Pertussis	1	2	3	3	4*	4*	4*	5b,+c,*	
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5b,+d,*	
Polioe	1	2	2	2	3	3	3	4f,+	
Measles/Mumps/Rubellae,g,+ Haemophilus influenzae type B+	1	2	2	3/2/1j	3/2/1j	3/2/1j	3/2/1j	2h	2h,i
Pneumococcal Conjugatea,+	1	2	3/2k	4/3/2k	4/3/2k				
Hepatitis B+	1	2	2	2	3	3	3	3	
Varicella+					1g	1g	1g	1g	

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps, and Rubella (MMR-second dose) and Varicella (VAR). Footnotes: \*—The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004. +—Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. a—This requirement is indefinitely suspended. 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. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. c—For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. d—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 if it is given > 6 months after the 2nd dose. e—For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian 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. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. g—The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. h—If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. 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. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. i—Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957. j—The number of Haemophilus influenzae type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12–14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid. 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 of age, 3 doses are required at 6–14 months and 4 doses are required at 15–23 months of age with 1 dose administered on or after the 1st birthday; (ii) 7–11 months of age, 2 doses are required at 6–14 months and 3 doses are required at 15–23 months of age with 1 dose on or after the 1st birthday; (iii) 12–23 months of age, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

