2026
Colorado Mighty Camps
Policies and Procedures

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LETTER FROM CAMP DIRECTORS

Hello Camp Families!

Welcome to Mighty Camps in Colorado! – We are BEYOND EXCITED to get to be a part of your summer experience with Mighty Camp this year! Thank you for choosing to spend time with us – it's a big deal!

In our opinion, camp is a catalyst for summer fun, character growth, and friendship-making! It's where we practice becoming confident, capable, problem-solvers – and we cannot tell you how eagerly we're awaiting the start of our camp season. Combined we have over 25 summers of working with camps… and how wonderful it is that we get to spend it with you!

We've spent the entire year preparing for Mighty Camps 2026 – as soon as last summer ended, we put our heads together as a team and thought, how can we make camp even better for our community? That's the great thing about summer camps, they change and strive to grow year after year. Our staff does too! The summer camp team has worked to make this year even more intentional and fun than before. Whether you're joining us for just a few days this summer or the entire season, it is our goal to know and support your family to the best of our ability – and especially be a friend and mentor to your campers as they navigate this big and wondrous world!

If you have questions about Mighty Camp or Genesis Health Clubs, please reach out to us via email or phone and we will do our best to get back to you as soon as possible:

Adventure Camp

North/FCC/South
Christopher.huff@genesishealthclubs.com
Direct Camp Number (913-210-1775) EXT **717**

Sports Camp

South
Victoria.Kingery@genesihealthclubs.com
Direct Camp Number (913-210-1775) EXT **716**

See you soon,

Colorado Camp Team
Victoria Kingery, Chris Huff

To ensure program transparency, parents are required to read and sign that they agree to the Policies and Procedures. This should be completed in Campsite.

1. PROGRAM OVERVIEW

PROGRAM PURPOSE

Mighty Sports Camp: The purpose of Mighty Camp is to engage, energize, and inspire children to be active, to foster personal character development and respect for others, to teach children sport-specific skills and to HAVE FUN!

Mighty Adventure Camp:
The purpose of the Mighty Adventure Camp program (MAC) is to build a community of inspired young outdoor enthusiasts who, as leaders, possess the tools, skills, and experience necessary to make sound decisions.

PROGRAM MISSION

Mighty Sports Camp: In short, we exist to build confident, capable problem solvers and to expand the positive self-talk of the campers we serve!

Mighty Adventure Camp:
We believe that when campers are encouraged to leave their comfort zone behind, they can truly start to experience growth both in and outside of camp.

AGES SERVED

Genesis Health Clubs Mighty Camp programs serve children 5-14 yrs.

SPECIAL NEEDS CHILDREN

Genesis Health Club Lifestyle Fitness complies with the Americans with Disabilities Act (ADA) and other applicable regulations pertaining to providing services to individuals with disabilities. We carefully consider each child's individual needs in order to determine if our program can accommodate a child's specific needs; please discuss your child's needs with the Director.

HOURS OF OPERATIONS

Monday-Friday from 7:30am-5pm
Daily Extended Care: 5pm-6pm *(Sports Camp Only-see below for further information on daily extended care)*

2. ADMISSION AND REGISTRATION PROCEDURES

Prior to enrollment, parents are required to submit the following through the online registration system:

- General Health Information
- Family Contact Information
- Emergency Contact Information
- Emergency Medical Care
- Contact information for Authorized Pick-ups
- Payment in full, or payment plan agreement, for program fees
- Medication Forms (If applicable)
- Photography Permission Form
- Sunscreen Policy Agreement or Sunscreen Waiver
- Immunization Records
- Miramont South Media Form
- Activities Form
- Swim Lessons Release

Additional Adventure Camp Forms:

- Transportation Permission Form
- Adventure Camp Field Trip Permission Form
- Mighty Adventure Camp – Activities Permission Form

FRIEND REQUESTS

We do our best to accommodate as many friend requests as possible. Friend requests are granted on a first come, first serve basis and are not a guarantee. The following information is required in order to submit a friend request:

1. First and Last name of the Friend
2. Both parties need to request each other
3. Campers need to have the same camp schedule (days of the week, camp sessions)

3. MIGHTY CAMP FEES

Program	Member	Non-member
Adventure	$450	$500
Specialty Excursions	$475	$525
Camping Trip	$550	$565
Adventure Camp: Single Day	$100	$110
Sports Camp: Full Week	$305	$345
Sports Camp: Single Day	$75	$85

REGISTRATION FEE

There will be a non-refundable registration fee of $65 per family, where applicable. Registration fees are *only* required for Summer and Full Day Programs.

4. TUITION, CANCELLATION, AND CHANGE POLICY

We understand that plans can change, and we are here to support you. At Mighty Camps, each camper's experience is intentionally planned in advance through staffing, group placement, and activity supply preparation. This thoughtful planning allows us to create a safe, engaging, and high-quality experience for every child we serve.

Payment Plans & Invoices
Invoices are sent via email, three weeks prior to your child's session start date.
Tuition is collected through auto-pay, two weeks prior to your child's session start date.

Declined Payment
Should a card decline, the card owner will be contacted within 24hours. Following 24 hours, every attempt will be made to contact the owner to resolve errors.
*Delinquent accounts may impact your enrollment status.

Change Form Process
Schedule changes submitted via Change Form more than one week prior to your child's session start date will receive a credit for the current calendar year (applicable change fees apply). Schedule changes submitted less than one week prior to the session start date are not eligible for refund or credit due to the intentional staffing, supply purchasing, and group placement planning that has already taken place.

All change forms must be submitted to the Camp Director **electronically**. Change forms may *not* be submitted in person or via paper. Change forms can be found online on the camp website. An example change form can be found in Appendix A below.

Change Form Fees:
- January through April 30th –$25 change form fee.
- May 1st through summer season – $50 change form fee.

Sports Camp Change Form Link
Adventure Camp Change Form Link

Cancellation Due to Camper Sickness:
To support daily operations, parents are asked to call Sports Camp's direct phone number or Adventure Camp's direct phone number to ensure clarity. No refunds or day credits are given for illness.

If a participant becomes ill during the program day the participant's guardians will be notified. The team leader will communicate with the participant's guardians to arrange a pick-up. If a camper departs early due to illness, no portion of the program fees are refundable.

5. DAILY OPERATIONAL PROCEDURES:

MIGHTY CAMP – LOCATIONS

Mighty Sports Camp is located at our Miramont South Location: 901 Oakridge Dr

Mighty Adventure Camp is everywhere in Northern Colorado! But we are based out of our Miramont North Location: 1800 Heath Pkwy. We have an auxiliary drop off location at Miramont South: 901 Oakridge Dr and Fort Collins Club: 1307 E Prospect Rd

CHILD PICK-UP/ DROPOFF

Children must be signed in and signed out by an approved individual each day, at the designated dropoff area. Team Leaders will only release a child to the individuals listed on a child's account or listed as an authorized alternative pick-up. Under NO circumstances will your child be permitted to leave with anyone other than the individuals designated in writing on the proper Authorization Form. It is Genesis Health Club's policy to ask the person for an ID to verify the release. **Adults picking up your child will need to provide a photo ID for verification.** If a Team Member is uncomfortable releasing the child, we will contact the parent. A counselor will remain with the child until the parent/guardian arrives. Children will not be released to an unauthorized adult. If an unauthorized adult attempts to pick-up a child, parents will be immediately notified via a phone call from the camp administrative team.

Please see Appendix B for Pickup and Drop-off Parking maps

INDEPENDENT RELEASE FROM CAMP

If your child is over the age of 13 and in need of independent release, please contact your Camp Director.

LATE ARRIVALS

Mighty Sports Camp -Please let your Camp Director know if your child will be attending late, as our groups may be in various activities/locations upon your arrival.
Mighty Adventure Camp - Late arrivals for Adventure Camp are accepted on a case by case basis, with prior approval from the Camp Director. Please contact your Camp Director.

LATE PICK UP

Late Pick-Up, after 5pm
If a child has not been picked up within 10 minutes of the end of the day, team members will call parents/ guardians. A team leader will remain onsite until all children have been signed out. If a parent or guardian does not pick-up a child within 30 minutes of program closing, a team member will make every effort to contact the adults listed on the Emergency Contact List. Once all contacts have been called, the Fort Collins Police will be contacted for assistance**. Without prior notice, there will be a $1.00/per minute charge (every minute after**

5:10pm) for late pick-ups. Late fees must be paid at the time of pick-up.

DAILY EXTENDED CARE - SPORTS CAMP ONLY

Programming ends at 5:00pm. As a courtesy to our parents, we offer Daily Extended Care until 6pm for $5 per camper, per day. Extended Care is on an as needed basis and can be signed up for at dropoff the morning of your camp day. Extended Care typically includes free time activities such as legos, movies, books, coloring, gym games, etc.

WHAT TO BRING

Please provide all necessary camp items and appropriate clothing for all weather. Below is a list of suggested items to bring to camp:

- Closed toed/athletic footwear
- Synthetic base layers (polyester, wool, dry-fit t-shirts etc.)
- Rain Jacket
- Additional warm layers (fleece jacket, down jacket, etc.)
- Backpack
- Lunch (NUT FREE)
- Water Bottles x2 (64 oz total)
- Water Shoes
- Swimsuit
- Towel

PROCEDURE FOR CAMP SNACKS AND LUNCH

- Mighty Sports Camps will provide an AM and a PM snack, Adventure Camp will not.
- Parents are encouraged to pack multiple snack options for their children as energy will be needed continuously throughout each day
- Program participants are permitted to access their snacks at any point during the day
- Program participants are encouraged to pack 1,000 calories per day to ensure sufficient fuel each day's adventure
- Sports Camp-Refrigeration is available in classrooms
- Adventure Camp- Please pack an ice pack to keep contents cold
- Meal times are between 10:30am-12:30pm
- Lunches are available for purchase through the Genesis Cafe- SPORTS ONLY
- Below is an example of a nutrient dense trail meal:
  - Trail Mix (Nut Free)
  - Fruit (apples, oranges, cuties, pears)
  - Granola bars
  - Non-perishable sandwich
  - Fruit leather strips
  - Beef Jerky

PLEASE MAKE SURE THAT ALL SPORTS CAMP SNACKS AND LUNCHES ARE NUT FREE!

all packed lunches and snacks will be checked upon drop-off

PERSONAL BELONGINGS AND UNNECESSARY ITEMS

We require that program participants bring a backpack to keep their personal belongings. **Please do not bring electronics from home.** If valuables are brought to camp, Genesis Health Club is not responsible for items lost or damaged**. In order to maintain a proper camp experience, cell phones and other electronics should be left at home or will be left in the camp office.**

VISITOR POLICY

All visitors are required to sign-in and out at the Camp Desk/Front Desk. All visitors who are strangers to the program are required to present one form of ID to be inspected by Genesis Health Club's personnel. Once signed in, visitors are required to wear a "visitor identification" while on the premises.

WEATHER RELATED POLICIES

- **Excessive Hot Weather:** Children will be cared for indoors in cooler rooms with water available for hydration.
- **Excessive Cold Weather:** Children will not be allowed outdoors to play. Indoor activities will be Planned.
- **Low Air Quality:** Camp activities will move indoors whenever possible, outdoor time may be reduced, and indoor air conditions monitored closely.
- **Shelter in Place**: When needed to shelter in place, all campers and staff are to take shelter in the Men's and Women's public Lockerrooms. If not able to make it safely to that location, staff and campers are to remain in the classrooms with lights off in the corner unseen from the door.
- **Fire:** Campers will be evacuated from the Southeast doors of the building and walked in an orderly manner to the field adjacent to Genesis South on Rule Drive and the grassy circle area from the front of the gym. Staff will take a cell phone, attendance book, and emergency notebook at the time of evacuation. Staff will remain with children outside until authorities give permission to return to the building.
- **Tornado/ Severe Weather:** All campers will be moved to the restrooms and/or gymnasium locker rooms. Staff will take a cell phone, attendance book, and emergency notebook. Parents will be notified when safe.
- **Communication:** In all cases, Parents are asked to refrain from calling the club front desk. Please refer to the camp hotline numbers. Directors and staff will send out all updates, reunification plans, and communication through this number, or through our Campsite Email Software.

POLICY FOR END OF DAY CAMP CLOSURE

At the conclusion of each camp day, the closing team member is responsible for completing the following responsibilities:

1. Remaining onsite until all children are picked up
2. Reviewing all sign-in/out sheets to ensure each child is signed out and picked up
3. Walking the facility to ensure that all children are picked up

POLICY REGARDING PROGRAM CLOSURE

If Camp Genesis Health Club is no longer able to serve children, parents will be notified, by phone,and via Campsite system, at the earliest possible date to support parents in their ability to secure alternative care.

POLICY AND PROCEDURE GOVERNING TELEVISION VIEWING

Television/video viewing policy: Occasionally, movies may be watched on bad weather days and during the Extended Stay hours. These films will be rated PG. Parents may opt out via our Media Permission Form.

6. DISCIPLINE/ HOW THE GENESIS HEALTH CLUB TEAM CAPTURE'S TEACHABLE MOMENTS

We feel socialization and learning how to have successful relationships with friends is an important part of the camp experience. We understand that "teachable moments" are a part of the socialization process. Below is an outline of how Genesis Health Club's team of youth development professionals choose to navigate teachable moments:

A. Camp Genesis Health Club's team recognizes that when it comes to your child…you are the expert! We proactively partner with parents to learn best practices on how to support their children. We work diligently to connect with parents during morning drop off to capture pertinent information that may be occurring outside of camp that could impact a child's day. We make it a priority to connect with parents at the end of each camp day to share about each camper's day to ensure an open line of communication as we work as a team to support the growth and wellbeing of each child in our care. However, parents will be notified of any behavior warranting a conference. In an effort to support the effectiveness of our counselors we ask that parents keep open communication with us, letting us know of any situation at home that could cause stress and inconsistent behavior. In addition to daily in person conversation, Genesis Health Club's team will provide weekly communication about what to expect in camp and can be reached via phone or email.

B. At Mighty Camps, we believe kids do well if they can. In other words, we believe that children will consistently meet expectations and follow rules IF they have the skills necessary to do so. With this philosophy as our foundation, we understand that our primary role is to be educators. Educators of life skills and character! This is the work we are MOST passionate about and we have the luxury of teaching these important skills through facilitating FUN camp programs! Whether we are leading a hike, biking class, or swimming at the beach our team of youth development professionals understand that the "real" work at hand involves teaching children how to use their words to advocate for themselves, how to respectfully handle the intrusions of others, and how to be confident, capable problem solvers! Although we leverage many different resources and techniques to support our ability to effectively guide the growth of the children in our care, outlined below are two of our foundational tools:

- DLP- to support our campers in expanding their self-image and positive self-talk, Genesis Health Club's team is hyper vigilant about **describing**, **labeling** and **praising** campers for their positive contribution to their camp community. Whether it's holding a door, including a new camper, picking up trash or encouraging another…. Campers at Genesis Health Club are noticed and celebrated for the positive impact their presence makes!
- Intention/Impact- When mistakes happen, our team facilitates an intention/impact conversation. The bull's eye of an intention/impact conversation is to help the child capture learning and gain understanding that sometimes what "we hope to accomplish" does not match the impact made by our choices. For example, I may not have intended to hurt someone's feelings when I choose not to throw the ball to them. That said, regardless of my intention, I am responsible. In facilitating intention/ impact conversation campers have the opportunity to take responsibility for their choices and grow in their understanding of how their choices impact others.

C. At Mighty Camps we leverage collaboration and proactive solutions. When we experience ongoing challenging camper behavior, we meet as a team to track data about when the challenging behaviors are occurring. We use this data to support our ability to identify the camper's specific lagging skills.

Once known, the team is empowered with the information necessary to change the environment and modify expectations to allow each camper to be successful and work towards mastery of new skills.

See Appendix I for a great example of a Camper Guidelines Agreement!

D. If and when Genesis Health Club's team of youth development professionals have exhausted all resources and must recognize the program as not being the right fit for a particular child, parents will be contacted by the camp director. Prior to deciding Genesis Health Club's program is no longer the right fit for a child, the following actions will take place:

- Daily communication between team and parents will occur to share about the child's experience and partner with parents to support the child's success
- Conference between team and parents to identify child's lagging skills and collaboratively problem solve systems to put into place to support the child's success in gaining those life skills
- Continued data tracking after the implementation of agreed upon systems with daily parent communication.
- If challenging camper behavior continues and directly impacts the team's ability to keep said camper or other campers safe, Genesis Health Club will determine that the program is not the right fit for said child
- Once the decision is made, based on severity, parents will be notified through a phone conversation and given time to secure alternative care.

7. HEALTH POLICY

Children need to be in good health in order to get the most out of their camp experience. To help to reduce the spread of illnesses, please keep your child home if you observe any of the following symptoms:

- Vomiting and/ or diarrhea. Children may return to camp 24 hrs after their last episode of vomiting or diarrhea.
- Runny nose with green or yellow discharge that can be associated with a fever or cough. Any discharge other than clear may be a sign of infection. Children may return to camp 24 hrs after all symptoms are gone.
- Fever of 100.4° or above. Children may return to camp after being fever free for 24 hrs without fever-reducing medications.
- Conjunctivitis or pink eye. Children with red, itchy, draining or crusty eyes may have Conjunctivitis. Children may return to camp if they are fever free and able to participate in usual activities.
- Rashes or skin conditions should be examined by a doctor. Children may return to camp after all symptoms are gone, or the child's doctor has provided written clearance.
- Chicken Pox. Children with Chickenpox may exhibit the symptoms of low fever, rash, blister, scabs, and malaise. Children may return to camp after all sores are crusted over and dried.
- Lice/ Hair Infestation. Children may return to camp 24 hrs after receiving their first treatment of a specified Lice Shampoo treatment and all the eggs are gone.
- Other symptoms. Children will be excluded from camp if the Director or Health Department determines it is inappropriate for the child to be at camp.
- If you are wondering if your child should attend, please reference- CDPHE-"How Sick is Too Sick?"

POLICY FOR HANDLING SICK OR INJURED CHILDREN

No sick child will be accepted into Genesis Health Club's Mighty Camp programs. In the case of illness during the day, the parent or guardian will be notified. The sick child must be picked up **within one hour of the phone call**. Sick children will be kept separated from other children until the parent arrives.

Symptoms that necessitate removing a child from camp include but are not limited to:

- Sore throat
- Rash
- Vomiting
- Diarrhea
- Earache
- Fever (temp. of 100.4 F or higher)
- Eye discharge (thick mucus, or pus draining from the eye or a pink eye)
- Yellowish skin or eyes
- Severe coughing

INJURY/ACCIDENT

If a child is injured the staff member who is closest to the child at the time of injury is responsible for tending to the child and for filling out an **Incident Report.** If the injury is severe, other staff will be called including the Camp Director and Facility Manager.

- If the severity of injury is in doubt, team members are to call 911.
- One staff member will remain with the child at all times.
- The parent will be notified of the injury or accident and an incident report will be filled out and a copy kept in the child's file. The director is responsible for follow up calls to the parents.

MINOR INCIDENT REPORTS

At Genesis Health Club, we take many precautions to ensure the safety of each camper in the program, however occasional incidents do occur. If an incident or injury occurs, first aid will be administered and an Incident Report will be completed and presented to parents at the end of the day. This report will describe the incident and the follow-up that was provided. Please see Appendix C for an example Minor Incident Report.

SUN PROTECTION POLICY

Counselors are prohibited to apply lotion sunscreen on campers. Counselors are required to provide direct supervision as campers apply sunscreen. Counselors can assist with the spraying of spray sunscreen. Sunscreen must be applied prior to outside play unless parents provide written notice that they have applied sunscreen themselves.

We encourage parents to provide spray on sunscreen or have their camper utilize the buddy system when applying sunscreen**. Parents MUST provide sunscreen for their child and the sunscreen MUST be labeled with the child's first and last name. Siblings CANNOT share one sunscreen bottle.** Sunscreen will be collected at dropoff and available throughout the day to your camper. Sunscreen may *not* be stored in your child's backpack. Bins will be provided for all sunscreen. We request that sunscreen be left at camp overnight, and can be retrieved on your last day of camp. Parents will be notified when their camper is running low.

PROCEDURE FOR STORING AND ADMINISTERING CHILDREN'S MEDICATION

If a child requires over the counter or prescription medication to be given on a daily basis, Genesis Health Club staff will need a completed Medication Administration Form(Appendix D) signed by the child's physician and parent. The medication needs to be provided in the original labeled bottle or container. Prescription medications must contain the original pharmacy label. We cannot accept any expired medications. We will store the medication in accordance with Colorado licensing rules and regulations along with the form completed by the physician, stating the dosage, time to be given, and any other special instructions that may be needed. We recommend that parents ask their pharmacist for two separate containers for the medication; one for home and one for us.

All prescription drugs must be in the original pharmacy bottle with the full pharmacy label. The label should include the following information:

- Child's Name
- Name of Medication
- Dosage
- Frequency Per Day
- Expiration date – If there isn't one noted, the medication expires one year from when it was dispensed.

Siblings may not share medication. Medication should be given directly to the child's team leaders at check-in. Medication cannot be carried or stored in your child's backpack and must be submitted to a team leader by an adult guardian.

- Parents are required to hand any medication directly to the Camp Director at check-in
- For camper safety, medications will be stored in an area that is not accessible to children
- Medication cannot be stored in a camper's backpack
- Please be aware all topical or oral medications, creams, etc are considered medication. This includes Neosporin, Dramamine, etc.
- Home remedies, homeopathic medication, vitamins, and supplements must not be administered to children in camp.

POLICY FOR STORING AND ACCESS OF INHALERS AND EPINEPHRINE

Emergency medicine such as inhalers and epinephrine are to be signed in and out at the Camp Desk by the camper's counselors daily. Once signed out, emergency meds are to be stored in the counselor's backpack, which MUST remain on the counselor's back at all times. Once the camper requiring emergency meds departs for the day, the medicine is to be signed back in at the Camp Desk. When campers requiring emergency medication are not present on a given camp day, the meds are to be stored in a locked closet at the club.

In some cases, with Camp Director pre approval, and written consent and authorization from the prescribing health care provider, children may carry their own inhalers, and use as directed. In order to self-carry children must have the following:

- A signed contract with the parents and child acknowledging and assigning level of responsibility for each individual

- Orders for the medication from the health care provider
- Confirmation from the health care provider stating that the child has been instructed and is capable of self-administration of the prescribed medications

Prior to each camp week, Genesis Health Club's Camp Administrative team generates and distributes a roster of all children who have emergency medications, all children who have asthma, and children who have the permission to carry and self-medicate as needed.

Please see Appendix E For Asthma/Inhaler Related Forms
Please see Appendix F For Allergy/Epi-Pen Related Forms

POLICY FOR REPORTING COMMUNICABLE ILLNESSES

Before a child's first day of camp, Colorado law requires parents or guardians to provide each camp their child attends with at least one of the following:

- A: An immunization record showing that the child has received camp-required vaccines and is up to date according to their age,
- B: An in-process plan signed by the child's health care provider showing that the child is in the process of catching up on missing vaccine(s) following the minimum intervals between doses described in the catch-up schedule,
- C: A Certificate of Medical or Nonmedical Exemption for any missing doses of school-required vaccine(s)
    - Children with vaccine exemptions may be excluded from camp during an outbreak. The length of exclusion time will vary depending on the type of disease and the circumstances of the outbreak.
    - Please be aware, Immunization Exemptions do expire.

See Appendix H for the Colorado Vaccination form.

All parents will be notified of any contagious disease affecting the children at camp. A child with a communicable disease will not be readmitted to camp until the contagious period has passed or until the child is fully recovered.

In the case of a suspected outbreak of any disease, Genesis Health Club will report the case to the Communicable Disease Branch at the Colorado Department of Public Health (303.672.2700) and the organization's Environmental Health Specialist, who conducts routine health and sanitation inspections. To effectively track communicable illnesses occurring in camp, the administrative team will retain a comprehensive Illness Log. This log will contain information on campers and team members who go home sick from camp as well as campers who stay home from camp due to illness. The log will maintain a record of symptoms and suspected and confirmed illnesses. If a group outbreak of any form of communicable illness were to occur, including foodborne outbreaks, the camp administrative team will report the information within 24 hrs of said knowledge. Our team's first line of communication will be connecting with our child care health consultant. If and when a formal report is made, this information will also be disclosed to our camp families, via an email communication, to support keeping our children safe and healthy.

For a complete list of diseases and conditions reportable in Colorado is available at https://www.colorado.gov/pacific/cphe/report-a-disease

To report a suspected or confirmed disease care or outbreak, team members are required to call 303.692.2700 or 303.370.9395 for after hour calls. When making a report, team members are to provide the following information:

- Diagnosis
- Child's Name
- Date of Birth
- Gender
- Ethnicity
- Address
- Phone Number
- Parent/ Guardian Name
- Name/ Address of responsible health care provider
- Laboratory test results
- Suspected or confirmed

CAMPER HYGIENE POLICY

Children and team members are responsible for washing their hands upon arrival each day, before and after snack times, meal times, and using the restroom. Proper hand washing techniques outlined below must be followed 100% of the time and taught to children when necessary. If out in the field, campers and staff should use hand sanitizer if no hand washing stations are available. See Appendix G for hand washing standards.

Steps when in the facility:

- Wet hands
- Apply enough soap to cover all hand surfaces
- Rub hands palm to palm
- Right palm over left hand with interlacing fingers and vice versa
- Palm to palm with fingers interlaced
- Backs of fingers to opposing palms with fingers interlocked
- Rotational rubbing of left thumb clasped in right palm and vice versa
- Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
- Hands should be washed for a minimum of 20 seconds
- Rinse hands with water
- Dry thoroughly with a single use towel
- Use towel to turn off faucet

Steps when on an outing: (if hand washing stations available)

- Wet hands and rub together for a minimum of 20 seconds
- Rub hands palm to palm
- Right palm over left hand with interlacing fingers and vice versa
- Palm to palm with fingers interlaced
- Backs of fingers to opposing palms with fingers interlocked
- Rotational rubbing of left thumb clasped in right palm and vice versa

- Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
- Rinse hands with water
- Dry thoroughly with a single use towel
- Then apply hand sanitizer, supplied by the counselor, and rub together following the previously stated method above.

8. FACILITY SANITATION POLICY

- To ensure the health of the children and team, the following team member responsibilities are in place:
- Team members are to wipe down tables before and after meal times and at the end of the day using the provided cleaning solution.
- Team members are to thoroughly spray down all sports equipment at the conclusion of each camp day
- Team members are to use the 3-step process to clean camp materials at the end of each day
    - Spray all toys with disinfectant or soaking toys in the disinfectant for 5 minutes
    - Rinse toys with a wet cloth or rinse soaked toys under water and dry with a clean towel
    - Sanitize toys by spraying with sanitizing solution, air dry overnight

9. FOOD PREPARATION POLICY

When preparing snacks and food during a program or outing, team members are required to wash their hands following the steps for handwashing procedure, outlined in section 7. Dry foods will be stored in closed, air tight, sealed containers and refrigerator items will be stored accordingly.

10. STATE LICENSING

Genesis Health Club's Day Camp is licensed by the Colorado Department of Human Services. Since we are a licensed camp program we adhere to the rules and regulations set by the state of Colorado. For further information regarding state licensing policies or to report a complaint please call 303.866.5948.

As a licensed program we have been inspected by the Colorado Department of Human Services, Department of Health, and the local fire department. All of Genesis Health Club's Sports Camp Team Members have been cleared by the Colorado Central Registry. This registry has information concerning anyone who has been convicted of child abuse. Each team member is also fingerprinted and cleared through the CBI and FBI for felony charges.

PROCEDURE FOR FILING COMPLAINTS ABOUT CAMP GENESIS HEALTH CLUB PROGRAMS

If for any reason a parent may need to contact Licensing, the address and phone numbers are as follows:

Division of Child Care
Department of Human Services
1575 Sherman Street, 1st floor
Denver Colorado 80203-1714
Ph: 303-866-5700
Fax: 303-866-4214

MANDATED REPORTING OF SUSPECTED CHILD ABUSE OR NEGLECT POLICY

It is required by law that any and all incidences of suspected child abuse and or neglect be reported to the Colorado Department of Human Services. It is the responsibility of the Department of Human Services to determine what abuse/neglect (if any) has occurred.

Examples of situations that would be reported by Genesis Health Club Lifestyle Fitness Team Members:

- Marks or bruises on a child that are unexplained or seem unlikely to have occurred as a result of the explanation given
- Reports from the child of abusive or neglectful treatment or observations by team members of abusive or neglectful treatment of a child
- Failure by the parent to obtain appropriate medical care for a child
- Observations by team members of inappropriate sexual behavior of a child
- Observations by team members of possible neglect (inappropriate hygiene and or provisions of appropriate clothing, food, and shelter for the child)

For suspected child abuse call 844-CO-4-KIDS

POLICY FOR PROPER SUPERVISION OF CAMPERS

Mighty Camps provides a 1:12 team member to child ratio. Proper supervision of children requires a high level of team member engagement and participation in scheduled programming. Team members are expected to facilitate programming from the center of action versus observing from the slide lines. Team member participation directly impacts the level of interest, enthusiasm, and participation of the children in our care. Furthermore, when children are actively engaged in the program at hand, challenging camper behaviors are less likely to occur. When on the field, at the pool, in the gym or in the classrooms, team members should position themselves in a way that maximizes their ability to have eyes on each child they are directly responsible for. Meaning, team members should be facing their campers at all times and that team members MUST adhere to the “Rule of 3” at all times.

PROCEDURE FOR IDENTIFYING WHERE CHILDREN ARE AT ALL TIMES

Children must be signed in each day. Parents are required to call the camp directors (913-210-1775) EXT 716 to communicate their child’s absence. Once programming has started at 9am, a full roster of children in attendance is taken with the program leaders and is “roll called” every hour. Frequent head counts are also used in between the roll calls. Directors will check these frequently to ensure team member accuracy. Should a child not be accounted for during the program day the team leader will immediately contact the director via walkie-talkie or phone. The director will call the parents when it is determined that the child is missing. The police and club manager will be contacted after reaching a parent, if a parent is not immediately available, the proper authorities and emergency contacts will be contacted.

ADVENTURE CAMP ADDENDUM

1. PICKUP/DROP OFF TIME DIFFERENCES

LATE ARRIVALS

To ensure that programs proceed as scheduled, vans must depart for their activities at ~9:15am each day. Vans are unable to return to the drop-off location once they have left in order to remain on schedule. If a child arrives and the van has already departed, then the child has missed the opportunity to utilize the provided transportation. If the child has the ability to meet the group at the program destination at a reasonable time, then the child may rejoin the group with the approval of the program leader. Late arrivals do not warrant a refund.

EARLY PICKUPS

Adventure Camp may be able to accommodate early pickups depending on our location and proximity to Fort Collins for the day. If your camper is in need of an early pickup, please make sure to coordinate with your camp director well in advance.

SICK POLICY

Children who arrive for MAC with prominent symptoms of illness will not be admitted without proper authorization from a doctor. It is our goal to create and maintain a healthy environment. In case of illness or injury, the MAC Coordinator or Director will make every attempt to contact the parents/ guardians indicated on the child's account. Until a parent/guardian is contacted and your child remains sick, he/she will be kept comfortable and will be isolated from the other children in the program. In case of a hiking outing or program that travels away from the parking area, the sick child will be brought back to the van to stay comfortable and isolated. When the parents/guardian is contacted, one of the following measures will be taken:

Outing/Program within 15 miles of Genesis Health Club North Facility:

- If a child becomes ill on an outing/program that is within 15 miles of our Genesis Location, then it is the **MANDATORY** responsibility of the parent to come and retrieve their child from our program location within a timely manner

Outing/Program further than 15 miles of Genesis Health Club North Facility:

- If a child becomes ill further than 15 miles from our Genesis Location, then the child will be transported back to the parked van and remain comfortable and isolated for the remainder of the outing. As stated, the parents will be contacted and it will be the parent's choice to either come and retrieve their child or to wait until the group returns to the Genesis Location. Consistent with our medication administration authorization, no counselor will be authorized to administer any medication to a child without prior

doctor's written consent.

2. PROCEDURE FOR TRANSPORTING CHILDREN

All children will be transported using 15 passenger vans. All children are required to wear seatbelts. Parents will sign a permission to transport form at registration. All vans are equipped with a first aid kit and a fire extinguisher; each driver will carry a cell phone and the camp emergency notebook. Two staff are present at all times while children are transported.

PROCEDURE IN THE EVENT OF A CAR ACCIDENT

a. Scan vehicles for safety hazards
    i. Smoke
    ii. Fire
    iii. Unsafe location of the vehicle

   If no Safety hazard exists follow step 2 / If there **is** a safety hazard skip to step 7a
b. Hazard Lights should be turned on
c. Driver should instruct children to remain in their seats with their seat belts fastened
d. Conduct an immediate assessment of all individuals in the car. If there are critical injuries administer First Aid/CPR
e. Call Camp Director Chris Huff (913)210-1775 EXT 717

   7a. If there is a safety hazard, Driver will:

f. Call 911
g. Locate and take vehicle binder, camp binder, and camp backpack

   7b. Passenger Leader will

h. Unbuckle children
i. Escort children in a group to a safe distance from traffic and vehicle
j. Take attendance
k. Administer First Aid/CPR if necessary

ARRIVAL CONFIRMATION

Team Leaders are required to communicate with the Camp Director via text message or via satellite phone (Delorme InReach device) to confirm location arrival and departure.

3. PROCEDURE FOR IDENTIFYING WHERE CHILDREN ARE AT ALL TIMES

Children must be signed in each day. Parents are required to call the camp directors (913-210-1775) EXT 717 to communicate their child's absence. After a program has departed for its scheduled outing, a full roster of

children in attendance is taken with the program leaders and is “roll called” every hour. Frequent head counts are also used in between the roll calls. Should a child not be accounted for during the program day the team leader will immediately contact the director via the InReach satellite communication device. The director will call the parents when it is determined that the child is missing. The police or park ranger will be contacted after reaching a parent, if a parent is not immediately available, the proper authorities will be contacted.

4. POLICY FOR PROPER SUPERVISION OF CAMPERS

The Mighty Adventure Camp program provides a 2:12 team member to child ratio. Proper supervision of children requires a high level of team member engagement and participation in scheduled programming. Team members are expected to facilitate programming from the center of action versus observing from the slide lines. Team member participation directly impacts the level of interest, enthusiasm, and participation of the children in our care. Furthermore, when children are actively engaged in the program at hand, challenging camper behaviors are less likely to occur. When on the trail, at a climbing site, in the water or in the climbing gym, team members should position themselves in a way that maximizes their ability to have eyes on each child they are directly responsible for. Meaning, team members should be facing their campers at all times.

5. PROCEDURES FOR HANDLING LOST CHILDREN ON AN OUTING

a. Counselor should check all immediate obvious locations
b. Within 5 minutes the Camp Director should be contacted via the InReach satellite phone: Direct Line (970)-221-5000. They will then notify the Camp Director of Mighty Camps, Chris Huff – (913)-210-1775 EXT 717.
c. All counselors should complete a head count with their group
d. Group counselor should sweep the recently used/traveled areas
e. One counselor should call 911 and the local ranger office
f. If need be, management will go to the field trip site to assist staff with the situation and to call parents.

6. WEATHER RELATED POLICIES

Tentative schedules are prepared in advance to accommodate for inclement weather. For each potential scenario, the following actions may be taken:

EXCESSIVELY HOT WEATHER

If a trip is already in the field during scorching temperatures, then activities will be relocated to shadier areas and we will refrain from any intense physical activity. We will ensure that proper hydration is maintained and sunscreen is continually re-applied.

EXCESSIVELY COLD OR RAINY WEATHER

In the event that excessively cold temperatures or thunderstorm weather occurs, then we will begin a return trip to our travel vehicle. We will endure drops in temperature and light rain on certain trips, however, when safety becomes compromised, we will return to Genesis Health Clubs and parents will be notified of the early return.

EMERGENCY PLAN

In the event that excessive weather forces the evacuation of a program in the field, the group will take any necessary actions to keep the team safe, and when able, will make a return trip to the van. Upon arrival, the counselors will notify the camp director via the satellite phone of the severity of the weather. The director will utilize weather resources such as the National Oceanic and Atmospheric Administration or www.lightningmaps.org, to determine the duration that the weather may last. During this time the team will remain in the field until further notice. If weather is anticipated to pass within an hour, the team will return to the field after the weather has passed. If the weather is anticipated to last longer than an hour, then the team will return to the Genesis Health Club facility and continue programming.

7. FACILITY SANITATION POLICY

To ensure the health of the children and team, the following team member responsibilities are in place:

- Team members are to continually make sure that the transportation vans are vacuumed and wiped clean every two weeks.
- Team members are to thoroughly spray down watercraft or bikes at the end of each outing.
- Team members will dunk all personal flotation devices (PFDs) in a sanitation solution after each outing involving PFDs.
- Team members are to use the HP202 spray to sanitize climbing shoes at the end of each climbing day.
- Team members are to use HP202 solution to spray helmets at the end of each climbing or biking day.
- Team members are to launder each of the rental sleeping bags after each use to ensure proper sanitation.

8. ACTIVITY SCHEDULE CHANGES

Mighty Adventure Camp reserves the right to change our daily activities based on several external safety factors. These schedule changes may occur due to: local weather conditions/Temperature, Fieldtrip availability, Wildfire conditions, local water/temperatures, projected drive time(traffic), etc.

In the case that our schedule does change, Camp Directors will do everything they can to communicate this change to our parents. If made far enough in advance, parents will be notified via email. Otherwise, parents will be notified at morning dropoff, and will be provided with their child's alternative plan for the day.

APPENDIX A - SAMPLE CHANGE FORM

Change Form Request

As per our Colorado Camp Policies and Procedures 2024:

All change forms must be submitted to the Camp Director electronically. Change forms may not be submitted in person or via paper.

- ☐ January through May 1st –$25 change form fee.
- ☐ May 1st through summer season – If 4 weeks notice, $25 change form fee.
- ☐ Changes within 4 weeks are considered on an individual basis, $50 change form fee.

"*" indicates required fields

Camper First Name *

Camper Last Name *

Parent/Guardian Email *

Parent/Gaurdian Phone

Please select a location *

- ☐ Miramont North
- ☐ Miramont South
- ☐ Fort Collins Club

What weeks would you like to DROP? *

- ☐ Week One (June 3 7)
- ☐ Week Two (June 10 14)
- ☐ Week Three (June 17 21)
- ☐ Week Four (June 24 28)
- ☐ Week Five (July 1 5)
- ☐ Week Six (July 8 12)
- ☐ Week Seven (July 15 19)
- ☐ Week Eight (July 22 26)
- ☐ Week Nine (July 29 Aug 2)
- ☐ Week Ten (Aug 5 9)

What weeks would you like to ADD?

- ☐ Week One (June 3 7)
- ☐ Week Two (June 10 14)
- ☐ Week Three (June 17 21)
- ☐ Week Four (June 24 28)
- ☐ Week Five (July 1 5)
- ☐ Week Six (July 8 12)
- ☐ Week Seven (July 15 19)
- ☐ Week Eight (July 22 26)
- ☐ Week Nine (July 29 Aug 2)
- ☐ Week Ten (Aug 5 9)

APPENDIX B - DROP-OFF/PICKUP MAPS

COMING SOON!!!

APPENDIX C - BUMPS/BRUISES REPORT

Minor Physical Incident Report

Name of Injured Child: _____ Date/Time of Incident: _____

Type of Injury/Incident:

- o Open Wound/Cut
- o Pain/Inflammation/Bump
- o Allergy/Sensitivity Reaction
- o Respiratory Condition
- o Other:

Body Parts Affected: _____

Where Injury/Incident Occurred:

- o Playroom
- o Outdoor Play Area
- o Playground Equipment
- o Other:

List of names of staff present and/or witnesses: _____

Please give a brief summary of incident: _____

_____

_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Staff Signature: _____ Date: _____

Staff Print Name: _____

Incident form is kept on file at the club location where incident occurred by the Kids Club Coordinator

APPENDIX D - MEDICATION FORM

Medication-Authorization-Form-CHC-Version.pdf

CHILD HEALTH CONNECTION

MEDICATION AUTHORIZATION FORM

Child's Name:	**Date of Birth:**
Medication:	**Dose:**

The program will administer medication to children for whom a plan has been made and approved by the Director. Medication in the facility can present a safety hazard, parents should check with the child's health care provider to see if a dose schedule can be arranged to be administered at home. Parent/guardian may come to administer medication to their own child during the day.

Procedures for Medication in Licensed Child Care of Group Care Settings:

1. All medications or treatments require a health care provider and parent/guardian to complete and sign this form.
2. The program's Child Care Health Consultant will review this Medication Authorization Form and sign.
3. Over-the-counter medication must be the original container and labeled with the child's name. Prescription medication must have a pharmacy label that corresponds with the written order from the health care provider.
4. All medications will be stored out of the reach of children and returned to the parents once prescription is completed or medication has expired. Parents are responsible for providing measuring devices (for example, a syringe) for accurate medication administration.
5. All medication administrations will be recorded by the staff administering the medication.
6. **Children with conditions such as asthma, severe allergies, diabetes, oxygen, feeding tubes and seizure disorder require a detailed health care plan in addition to, or in lieu of, this Medication Authorization Form. Please see staff for a copy of a health care plan.**

Medications:

- Are administered in accordance with the pharmacy/medication label directions and as prescribed by the written instructions from the child's health care provider.
- The instructions from the child's parent/guardian shall not conflict with the label directions or as prescribed by the child's health care provider.
- Require a written prescription or completed Medication Authorization Form from the child's health care provider.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Parent statement: I have read the above policy and hereby authorize delegated staff to administer the prescribed medication to my child as designated on this form.

☐ By checking this box, I give permission for my child's health care provider to share information about the administration of this medication with the program's nurse or school staff delegated to administer medication.

Parent/Guardian name_____ Telephone _____

Parent/Guardian signature _____ Date _____

In case of emergency, please contact _____ Telephone _____

This portion completed by child's health care provider

Medication:	Dosage:	Route:
Time of Administration:	Start date:	End date:
Special Instructions:		
Purpose of Medication:		
Side effects to be reported:		

Signature of Health Care Provider _____ Date: _____

Printed Name of Health Care Provider _____ Phone/Fax: _____/_____

Child Care Health Consultant signature _____ Date: _____

APPENDIX E - ASTHMA FORM

CO-Asthma-Care-Plan-Feb2021_Final.pdf

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS*

PARENT/GUARDIAN COMPLETE, SIGN AND DATE:

Child Name: _____ Birthdate: _____

School: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

I approve this care plan and give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our health care provider. I assume responsibility for providing the school/program prescribed, non-expired medication and supplies (such as a spacer), and to comply with board policies, if applicable. I am aware *911 may be called if a quick relief inhaler is not at school* and my child/youth is experiencing symptoms.

Parent/Guardian Signature _____ Date _____

HEALTH CARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:

QUICK RELIEF MEDICATION: ☐ Albuterol ☐ Other: _____

Common side effects: ↑ heart rate, tremor ☐ Use spacer with inhaler (MDI)

Controller medication used at home: _____

TRIGGERS: ☐ Weather ☐ Illness ☐ Exercise ☐ Smoke ☐ Dust ☐ Pollen ☐ Poor Air Quality ☐ Other: _____

☐ Life threatening allergy specify: _____

QUICK RELIEF INHALER ADMINISTRATION: With assistance or self-carry.

☐ Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler.

☐ Student understands proper use of asthma medications, and in my opinion, can self-carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.

	IF YOU SEE THIS:	DO THIS:
GREEN ZONE: No Symptoms Pretreat	• No current symptoms • Strenuous activity planned	**PRETREATMENT FOR STRENUOUS ACTIVITY**, please choose **ONE**: ☐ Not required OR ☐ Student/Parent request OR ☐ Routinely Give QUICK RELIEF MED 10-15 minutes before activity: ☐ 2 puffs ☐ 4 puffs Repeat in 4 hours, if needed for additional physical activity. ***If child is currently experiencing symptoms, follow YELLOW or RED ZONE.***
YELLOW ZONE: Mild symptoms	• Trouble breathing • Wheezing • Frequent cough • Chest tightness • Not able to do activities	1. Give **QUICK RELIEF MED:** ☐ 2 puffs ☐ 4 puffs 2. Stay with child/youth and maintain sitting position. 3. **REPEAT QUICK RELIEF MED** if not improving in 15 minutes: ☐ 2 puffs ☐ 4 puffs ***If symptoms do not improve or worsen, follow RED ZONE.*** 4. Child/youth may go back to normal activities, once symptoms are relieved. 5. Notify parents/guardians and school nurse.
RED ZONE: EMERGENCY Severe Symptoms	• Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray/blue	1. Give **QUICK RELIEF MED:** ☐ 2 puffs ☐ 4 puffs ***Refer to the anaphylaxis care plan if the student has a life threatening allergy. If there is no anaphylaxis care plan follow emergency guidelines for anaphylaxis.*** 2. Call 911 and inform EMS the reason for the call. 3. **REPEAT QUICK RELIEF MED** if not improving: ☐ 2 puffs ☐ 4 puffs Can repeat every 5-15 minutes until EMS arrives. 4. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 5. Notify parents/guardians and school nurse.

Health Care Provider Signature _____ Print Provider Name _____ Date _____

Good for 12 months unless specified otherwise in district policy.

Fax _____ Phone _____ Email _____

School Nurse/CCHC Signature _____ Date _____

☐ Self-carry contract on file. ☐ Anaphylaxis plan on file for life threatening allergy to:

*Including reactive airways, exercise-induced bronchospasm, twitchy airways.

Revised: February 2021

APPENDIX F - ALLERGY FORM

Severe-Allergy-Care-Plan.pdf

Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders

Student's Name: _____ D.O.B. _____ Grade: _____

School: _____ Teacher: _____

ALLERGY TO: _____

HISTORY: _____

_____

Asthma: ☐ YES (higher risk for severe reaction) – refer to their asthma care plan

☐ NO

Place child's photo here

To be completed by healthcare provider

◊ STEP 1: TREATMENT

SEVERE SYMPTOMS: Any of the following:

LUNG:	Short of breath, wheeze, repetitive cough
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Swelling of the tongue and/or lips
HEART:	Pale, blue, faint, weak pulse, dizzy
SKIN:	Many hives over body, widespread redness
GUT:	Vomiting or diarrhea (if severe or combined with other symptoms
OTHER:	Feeling something bad is about to happen, Confusion, agitation

→

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
   - Ask for ambulance with epinephrine
   - Tell EMS when epinephrine was given
3. Stay with child and
   - Call parent/guardian and school nurse
   - If symptoms don't improve or worsen give second dose of epi if available as instructed below
   - Monitor student; keep them lying down. If vomiting or difficulty breathing, put student on side

Give other medicine, if prescribed. (see below for orders) Do not use other medicine in place of epinphrine. **USE EPINEPHRINE**

MILD SYMPTOMS ONLY:

NOSE:	Itchy, runny nose, sneezing
SKIN:	A few hives, mild itch
GUT:	Mild nausea/discomfort

→

1. Stay with child and
   - Alert parent and school nurse
   - Give antihistamine (if prescribed)
2. If two or more mild symptoms present or symptoms progress **GIVE EPINEPHRINE** and follow directions in above box

DOSAGE: Epinephrine: inject intramuscularly using auto injector (check one): ☐ 0.3 mg ☐ 0.15 mg

☐ If symptoms do not improve ____ minutes or more, or symptoms return, 2nd dose of epinephrine should be given if available

Antihistamine: (brand and dose)_____

Asthma Rescue Inhaler (brand and dose)_____

Student has been instructed and is capable of carrying and self-administering own medication. ☐Yes ☐No

Provider (print) _____ Phone Number: _____

Provider's Signature: _____ Date: _____

◊ STEP 2: EMERGENCY CALLS ◊

1. If epinephrine given, **call 911.** State that an anaphylactic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.
2. Parent: _____ Phone Number: _____
3. Emergency contacts: Name/Relationship Phone Number(s)
   a. _____ 1) _____ 2) _____
   b. _____ 1) _____ 2) _____

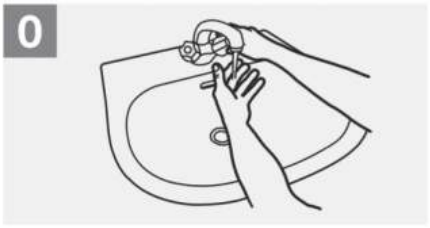
DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices and release the school and personnel from any liability in compliance with their Board of Education policies.

Parent/Guardian's Signature: _____ Date: _____

School Nurse: _____ Date: _____

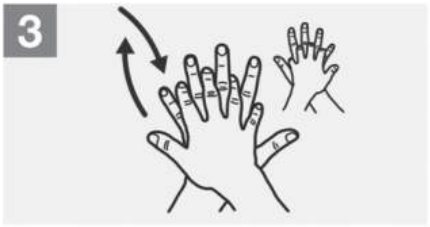
APPENDIX G - WASHING HANDS CHART



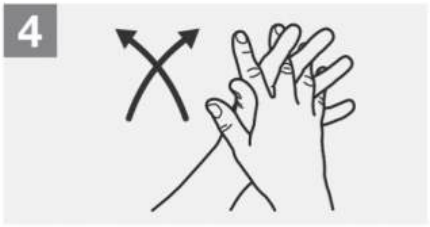
Wet hands with water;

Apply enough soap to cover all hand surfaces;

Rub hands palm to palm;



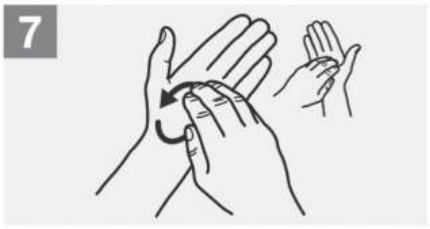
Right palm over left dorsum with interlaced fingers and vice versa;



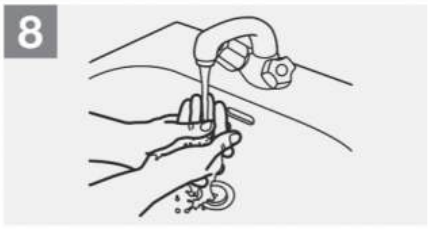
Palm to palm with fingers interlaced;

Backs of fingers to opposing palms with fingers interlocked;

Rotational rubbing of left thumb clasped in right palm and vice versa;

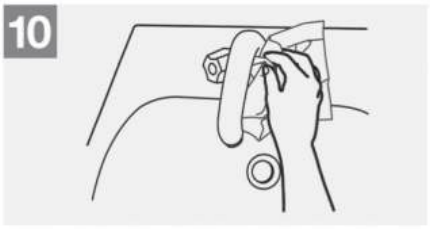


Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

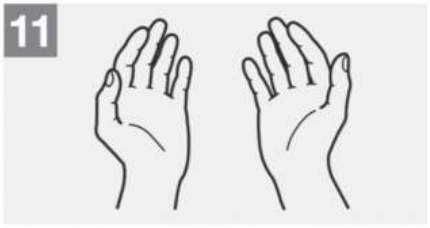


Rinse hands with water;

Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.

APPENDIX H - IMMUNIZATION RECORD

Certificate_of_Immunization.pdf

COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization

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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: ..... **Date of birth:** .....

Parent/guardian: (if student is under 18 years of age and not emancipated) .....

Required Vaccines

	Immunization date(s) MM/DD/YY							Titer Date* MM/DD/YY
HepB Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†								
Tdap Tetanus, Diphtheria, Pertussis†								
Td Tetanus, Diphtheria								
Hib *Haemophilus influenzae* 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	

*The shaded area under 'Titer Date' indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.
† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.
‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended Vaccines

	Immunization date(s) MM/DD/YY							
HPV Human Papillomavirus								
RV Rotavirus								
MCV4 Meningococcal								
MenB Meningococcal								
HepA Hepatitis A								
Flu Influenza								
COVID-19								
Other								

Health care provider printed name/signature: _____ / _____ Date: _____

Student is current on required immunizations for age (circle one): OR Yes No
immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

Last Reviewed: May 2023

APPENDIX I - EXAMPLE CAMPER GUIDELINES AGREEMENT

Mighty Camps Camper Code of Conduct

Welcome to Mighty Camp! We want every camper to feel safe, included, and ready to have the best time ever. In Mighty Camp, our purpose is to build a community of inspired young participants who, as leaders, possess the tools, skills, and experience necessary to make sound decisions.

This Code of Conduct is here to help us all treat each other with respect and take care of our camp community.

Respect. Kindness. Fun. That's how we roll.

Our Camp Values:

Be Kind & Respect Others

- Everyone at camp deserves to be treated with kindness—no matter what they look like, where they come from, what they believe, or who they are.
- It's not okay to tease, leave people out, or say hurtful things—even as a joke.
- Think before you speak. If it might hurt someone, don't say it.
- If you make a mistake, own up to it, apologize, and try to do better.

Use Words that Build People Up

- Choose words that are kind, respectful, and encouraging.
- No name-calling, slurs, or making fun of someone's race, gender, religion, abilities, or background.
- If someone says or does something hurtful, a counselor will step in to talk about it and help make things right.
- If someone says "ouch" or "that hurt," stop and listen. That's a sign something wasn't okay.

Stand Up for What's Right

- If you see something mean or unfair happening, tell a counselor. Being a bystander isn't who we are.
- You don't have to fix it on your own—camp staff are here to help.

Be Responsible

- Follow safety rules, stick with your group, and use camp gear with care.
- Don't bring or use anything that's unsafe, like weapons, drugs, or alcohol.
- Help keep our camp clean and green—pick up after yourself and respect nature.

Be Ready to Learn and Grow

- No one is perfect. If you mess up, it's okay. What matters is that you learn from it and try again.
- Camp is a place to be brave, take chances, and show up for each other.

Camper Agreement:
I have read this camper code (or had it read to me), and I get it. I promise to follow it, do my best, and help make camp awesome for everyone.

Camper Name: _____
Camper Signature: _____
Date: _____

Parent/Guardian Agreement:
I've gone over this code with my camper, and I support them in living it out at Adventure Camp.

Parent/Guardian Name: _____
Signature: _____
Date: _____