

The Summer Club@Needham Student Information Form 2024

You may email your completed form to **theclub.needham@bgclaplata.org** OR drop it off at the front office of Needham during regular school office hours. After school is out you may drop it off directly with the Summer Club @Needham staff.

THIS FORM IS REQUIRED.

CHILDREN MAY NOT ATTEND UNTIL IT IS SUBMITTED

The state requires a “wet” signature, meaning the form is invalid without a handwritten signature.

Please remember to update site staff with any phone number and address changes.

SCHOOL YOUR CHILD ATTENDS: _____

Please fill out the included Immunization Form ONLY if your child DOES NOT attend school in Durango School District.

Best way to reach parent/guardian: _____

Is your child authorized to sign him/her self out? _____ **Date:** _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ Home: _____

Birthday: _____ Grade: _____ Teacher: _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ Home: _____

Birthday: _____ Grade: _____ Teacher: _____

Student Information:

Name: _____

Home Address: _____

Student's Cell: _____ Home: _____

Birthday: _____ Grade: _____ Teacher: _____

Parent/Guardian Information:

Name: _____ Relationship: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Place of employment: _____

Work address: _____

Work phone: _____ Email: _____

Name: _____ Relationship: _____

Home Address: _____

Home phone: _____ Cell phone: _____

Place of employment: _____

Work address: _____

Work phone: _____ Email: _____

Persons (other than parent/guardians) authorized to pick up child:

State law requires at least one person to be listed in this section.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact (to be used if parent/guardian cannot be reached):

These contacts must be local (within 60 miles of Durango).

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Medical Information:

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital of choice _____ Phone: _____

Address: _____

Are your child's immunizations up to date? _____

Does the Summer Club @Nark need to be aware of any physical, medical, vision, and/or hearing needs? If yes, please explain:

Please list any allergies: _____

Does your child require an epi pen or an inhaler? _____

Medications? _____ The Summer Club @Needham does not dispense any medications other than emergency medications (epi pens, inhalers, etc.).

Please list any dietary restrictions: _____

Does your child have any special needs, an IEP, or receive additional support during the school day? ____ YES ____ NO

If so, please describe: _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ **Date:** _____

State licensing requirements do not allow us to accept electronic signatures on this form.

COLORADO CERTIFICATE OF IMMUNIZATION



COLORADO
Department of Public Health & Environment

This form must be filled out along with the information form if your child does NOT attend a Durango School District 9-R school.

Student Name: _____ **Date of Birth:** _____

Parent/Guardian: _____

Required Vaccines **Immunization Date MM/DD/YY** **Titer Date* MM/DD/YY**

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib Haemophilus Influenzae type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

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

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

Recommended Vaccines **Immunization Date MM/DD/YY**

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4MPSV\$ Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
COVID-19							
Other							

Health Care Provider Signature or Stamp: _____ **Date:** _____

Student is current on required immunizations for age (circle one): **YES** **NO**

Immunization record transcribed/reviewed by school health authority:

School Health Authority Signature or Stamp: _____ **Date:** _____