

# Staff Health Statement & Authorizations

**These forms must be completed by each of your staff members (including the band members, Guest Speaker, Camp Nurse, etc.) that are staying at Quaker Ridge Camp & Conference Center and kept on file with QRC to comply with Colorado State Department of Social Services Child Day Care Licensing Regulations**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

List Current or Past Communicable Diseases and/or Serious Illnesses or Surgeries \_\_\_\_\_

List Any Known Drug Reactions and/or Allergies \_\_\_\_\_

List Any Prescription or Non-prescription Medications Required

Name of Medication

Dosage

Frequency

Prescribing Physician

Describe Any Special Diet Required and Why \_\_\_\_\_

Health Insurance by \_\_\_\_\_ ID# \_\_\_\_\_

Phone # \_\_\_\_\_ Group or Plan # \_\_\_\_\_

List the training, education, and/or experience you have received pertaining to your position with your summer camp; example (I have worked with a youth group as a counselor for 3 years): \_\_\_\_\_

## References:

List the names and current contact info of three people who know you well PERSONALLY (preferably not relatives)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

I, \_\_\_\_\_, have not been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Letter of Agreement

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

Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date of Service: \_\_\_\_\_ through \_\_\_\_\_

Expectations from Quaker Ridge Camp Management: to follow the rules outlined in the Quaker Ridge Camp “Summer Rental Group Staff Manual”, the Emergency Policies Review, and any additional rules put forth by the leader of your group.

I have read all information presented to me in the Quaker Ridge Camp Rules and Regulations, the Emergency Policies Review, and any related items that my group leader has added. I agree to abide by the rules and regulations contained in these documents and understand my job description and the expectations for my position.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_

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

Signature of person liable for the Summer Week Rented: \_\_\_\_\_

## Perjury and Acknowledgment of Instruction Statement

I, print your name here \_\_\_\_\_, have read and understood the Quaker Ridge Camp & Conference Center “Use Agreement” and have received instruction as to my job description and expected code of conduct. I furthermore agree to abide by Quaker Ridge Camp & Conference Center rules, policies, regulations and expectations as set forth in the “Use Agreement” and through personal instruction and understanding that failure to do so will result in disciplinary action up to and including termination of employment with no recourse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

“Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the (employment) application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S, and, upon conviction thereof, shall be punished accordingly.

I, print your name here \_\_\_\_\_, have read and understand the above “Perjury Statement” and understand the severity of punishment if violated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Child Abuse Reporting

Under the “Child Protection Act of 1978” (C.R.S. 19-3-301) in the Colorado Children’s Code, child care center workers are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a child care worker has ‘reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency.’

“Abuse” or “child abuse or neglect” means an act or omission in one of the following categories which threatens the health or welfare of a child: skin bruising, bleeding, tissue swelling or death; any case in which a child is subjected to sexual assault or molestation, sexual exploitation, or prostitution; any case in which a child is in need of services because the child’s parents, legal guardians, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take.

If at any time a staff member reasonably suspects child abuse, it’s the responsibility of that staff member to report or to cause a report to be made of this suspicion to the local county department of social or human services at 740 E. Hwy. 24; Woodland Park, Colorado, 80863 – 719-687-3335 or 719-686-5550 or the police department. It is not staff’s role to investigate suspected abuse – only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A child care worker who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 19-1-103 (1)(a), C.R.S. the staff person could also be liable for damages “proximately caused thereby.”

**I have read and understand the above requirements concerning my responsibility regarding child abuse reporting.**

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Signature

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Date

## Resident Staff Member's Health Statement

Staff Member's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of last visit to physician or examination within 24 months of camp \_\_\_\_\_

Past history of serious lacerations, injuries, or illnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Penicillin or other drug reactions: \_\_\_\_\_

Medication now being used by child or special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

I have examined this person and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program except as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Physician or Nurse Practitioner \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

(Telephone)