

Camper Health Form

If you attended 2017 Camp or have attended programs since, you DO NOT need to complete a new form.



+ Parent/Guardian: Complete the following before your child can attend camp.

Select all camps your child is attending:

Member

Non-Member

Dates J-CATION DAYS
 Raach Masada Tikvah Gesher Pre-camp Dog Days
 Bricks 4 Kidz Basketball Design Equestrian Golf Martial Arts Skyhawks Soccer Tennis

Camper's Name _____ Birth date _____

Address _____ Phone _____

School/Day Care attending prior to this camp season _____ Gender _____

Parent #1 Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent #2 Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact #1 | Someone other than a camper's parent who is aware that his/her name is being furnished.

Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

Emergency Contact #2 | Someone other than a camper's parent who is aware that his/her name is being furnished.

Name _____ Relationship _____ Home Phone _____ Work/Cell Phone _____

Physician's Name _____ Physician Phone _____

Dentist's Name _____ Dentist's Phone _____

We reserve the right to require additional details from a physician.

1. Does child have a medical condition, chronic or recurring, which may require emergency action while he/she is at Camp?

Asthma Bleeding disorder Chronic illness Diabetes Heart problem Insect sting allergy Seizure
 Other _____

2. Does child have allergies? Yes No If yes, please explain _____

3. Emotional or behavioral conditions of concerns _____

4. Recent operations or serious injuries (dates) _____

5. Dietary needs _____

6. Should there be any restriction of physical activity while at camp? Yes No

If yes, please explain _____

7. Is child on any medications? Yes No **Has child been on any medications this past year?** Yes No

Please list medications: _____

Will child be taking any medication while at camp? Yes No If yes, please attach a written doctor's order.

8. Date of last tetanus inoculation _____

9. Do you carry family medical/hospital insurance? Yes No

If so, indicate carrier _____ Policy or group # _____

10. Please indicate the names of those individuals who are authorized to pick up camper (photo ID required)

Name _____ Relationship _____

Name _____ Relationship _____

I certify that my child as named above has received all immunizations required within 1 year of May 31, 2017.

Patient Authorization: This health history provided herein is correct and complete in every sense. The camper herein described has permission to engage in all camp activities except as noted herein. I hereby give permission to the camp to provide routine health care, administrator prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to that release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named above.

Parent Signature _____ Date _____