

Camp Givah 2021 Medical Form

Camper/Staff Name _____

Instructions:

This two-sided form is required for each camper and staff attending Camp Givah during the 2021 season. This medical record is a complete health history that requires a physician's signature indicating that the camper or staff member is fit to attend camp. Campers and staff without a completed medical form will not be allowed to participate and will be sent home.

I. Personal Information and Emergency Contact Information

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Guardian: _____

Work Phone: _____ Home Phone: _____ Cell phone: _____

Email: _____

If person named above is not available in the event of an emergency, please contact:

1. Name: _____ Relationship: _____

Phone Numbers: _____

2. Name: _____ Relationship: _____

Phone Numbers: _____

II. Insurance

Personal health/accident insurance provider/Policy Number: _____

III. Health History/Information - to be completed by parent or guardian

Primary Physician/Phone Number: _____

Dentist/Phone Number: _____

Please list any significant health history that may impact your child at camp (asthma, seizure disorder, etc.)

Activity and Dietary Restrictions:

Allergies:

Medications taken at home: _____

Any medication (over-the-counter or prescription) taken during camp hours, including overnights, must be accompanied by a medication authorization form (available on our website) signed by a physician.

Immunizations:

Prior to attending camp, all campers and staff at Temple Israel’s Camp Givah must have received the vaccinations recommended in the standards of the Advisory Committee on Immunization Practices (ACIP). The only recognized exemption will be if a physician certifies that a given, specific vaccination will be detrimental to a child/person’s health. (Requests for exemptions based upon personal preferences, philosophical concerns, or religious beliefs will not be entertained.)

Please attach an official record of immunizations from your physician.

IV. Health Examination

To be completed by a licensed medical practitioner. Please attach a physical from within the last year or complete the following:

Height: _____ Weight: _____ BP: _____ Pulse: _____

Indicate any abnormalities below:

- Cardiovascular Respiratory Gastrointestinal/Renal Neurological HEENT Skin
- Genitalia/Rectum Musculoskeletal Other

Details _____

Seizures: YES NO If YES, Frequency _____ Type _____ Treatment _____

Behavioral Issues: AD(H)D Oppositional Eating Disorder Other _____

Dietary Restrictions _____

Activity Restrictions _____

Signature: _____ MD/DO/PA/RNP Date: _____

V. Parent/Staff Member Signatures

To the best of my knowledge, the information on this form is correct. I hereby give permission to the person herein described to engage in all prescribed camp activities, on or off property, except as noted.

In Case of Emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to Camp Givah/Temple Israel to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult). Permission is given to transport my child (or me, if participant is an adult) for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received. If my child needs (or me, if participant is an adult) medical treatment, I hereby authorize any doctor or hospital treating the camper or staff member while my child is at camp to discuss and release information regarding such treatment or follow-up care to the following representative of Camp Givah/Temple Israel: Dan Scher, Camp Director. I understand that this authorization will remain in effect while the camper or staff member is at summer camp and will expire no later than August 20, 2021.

Signature of Parent/Guardian _____

Date: _____

(or participant if over 18)