Camp Givah 2018 Medical Form

Camper/Staff Name _____

Instructions:
This two-sided form is required for all campers and staff attending Camp Givah duringthe 2018 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

Primary Physician/Phone Number: _____
Dentist/Phone Number: _____

Has or is subject to:
[ ] Asthma [ ] Bee Stings [ ] Convulsions [ ] Diabetes [ ] High BP [ ] Heart Trouble
[ ] Sports Restrictions [ ] Kidney Disease [ ] Cancer/Leukemia [ ] Hemophilia
[ ] Attention-Deficit Hyperactivity Disorder
[ ] Restrictions or Allergies: _____
_____

Has difficulty with: [ ] Eyes, Ears, Nose, Throat [ ] Digestion [ ] Lungs [ ] Other:
_____
Takes Medication: [ ] No [ ] Yes, Name of Medication(s): _____
_____
_____

Over-the-Counter Medication taken during camp must be accompanied by a physician's signature and written instructions from the physician.

Immunizations:
(Indicate original date and also most recent month/year for date of last inoculation. Can't say "up to date")

Tetanus _____ Mumps _____Diphtheria _____ Rubella _____*Haemophilus Influenza Type B_____ Pertussis _____ Polio _____Measles _____ Chicken Pox _____ *Hepatitis B_____
*N/A If Not Given

IV. Health Examination
(To be completed by a licensed medical practitioner):
Height: _____ Weight: _____ BP: _____ Pulse: _____

Check box if abnormal:
[ ] Growth Development [ ] Cardiopulmonary System [ ] HEENT [ ] Teeth [ ] Skin [ ] Neurobehavioral
[ ] Hernia [ ] Genitalia [ ] Musculoskeletal [ ]Other
Details _____
_____

Limitations:
Diet 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 he 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 17, 2018.

_____
Signature and Date of Parent/Guardian (or participant if over 18)