

**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)**

Name #1 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Name #2 \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**PERMISSION WAIVER**

I give my child \_\_\_\_\_ permission to attend all Camp Givah programs, with the understanding that while at these programs, pictures and/or video may be taken and used for publicity purposes. I understand that while at all Camp Givah programs, my child will be expected to behave following the guidelines set by the Camp Givah Commission, Camp Givah Director and staff, and Temple Israel.

*Camp Givah will not release or publish the names of any camper.*

I hereby consent to Camp Givah staff to apply sunscreen, as needed, for my child. I understand that I am responsible for providing sunscreen before it can be applied to my child. I agree to apply sunscreen on my child before coming to camp and I understand that it will be reapplied later in the day.

Parent/Guardian Signature \_\_\_\_\_

**SPECIAL NEEDS PROGRAM**

Givah's Special Needs Program, now in its 8th year, allows campers who need extra support to experience the joy of Givah.

Is your child currently receiving any services? \_\_\_No \_\_\_Yes

(Circle all that apply) PT, OT, speech, behavioral, other \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

**Please contact us by May 1st to schedule an interview to see if Givah is a good fit for your child.**

*Givah is where kids find fun, friendship and Jewish values while also exploring their interests and enjoying new experiences.*

Camper scholarships are available. To apply, please visit [campgivah.org](http://campgivah.org) or contact Temple Israel at 438-7858, ext 110, prior to April 11, 2021.

Funds are provided from Temple Israel Restricted and Endowment Accounts and from scholarship funds from the Jewish Federation of Northeastern New York.

# 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)