

# HEALTH FORM

Please use one Health Form per camper only.

You may photocopy this form or visit our website [www.SacJewishLife.org/CGI](http://www.SacJewishLife.org/CGI) for additional forms.

Camper's Name \_\_\_\_\_ Week(s)  Both  1  2

Please check below if your child currently has or has suffered from the following:

- Serious Illness/Operation     Ear Trouble     Kidney Disease     Glasses/Contact Lens     Asthma     Eye Trouble  
 Rheumatic Fever     Hearing Aid     Seizures     Heart Disease     Tuberculosis     ADD/ADHD

Please explain any items checked (attach an additional page if necessary) \_\_\_\_\_

Are your child's immunizations current for the State of California school requirements?  Yes  No

Does your child have any food, medication, insect bite or sting allergies that we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

Does your child have any behavior, emotional, physical, or mental health problems that we should be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_

Has your child had a tetanus shot?  Yes  No    Date of last tetanus shot? \_\_\_\_\_

Name of your child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Group or Medical # \_\_\_\_\_

Name of your child's dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

All prescription medications must have an accompanying written statement from the physician detailing the purpose and method of dispensing the medication (see below.) Prescription medications must be in the original, labeled container.

Nature of condition(s) requiring medication \_\_\_\_\_

Name of Prescribed Medication	Dosage	Time of Administration	Adverse Reactions?
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**The camp requires every camper be provided with health insurance.**

# PARENTAL RELEASE AND CONSENT

In case of an accident or serious illness involving my child whenever the child is in attendance at Camp Gan Israel, I request The Camp to telephone me at the above listed telephone. If in the judgment of The Camp, delay entailed in telephoning me or other persons named above would not be in the best interest of my child, I hereby authorize The Camp before telephoning me to take my child to any physician or surgeon selected by The Camp and licensed under the provision of the California Medical Practice Act, to any physician or surgeon selected by the director for such action as such physician or surgeon deems necessary or advisable in the circumstances. I hereby consent to any and all diagnostic procedures, examinations, care and treatment (including without limitation, X-ray examination, anesthetic and emergency surgical intervention) as any such physician or surgeon may deem necessary or advisable, whether such diagnostic procedure, examination, care or treatment is rendered at the office of such physician, surgeon or dentist or at a hospital or clinic. I understand that this authorization is given in advance of any specific diagnosis, examination, care or treatment being rendered and is given to provide authority and power on the part of any such physician or surgeon to render any and all such diagnostic procedures, examinations, care or treatment that he or she may deem necessary or advisable.

I certify that no information concerning the health of this counselor/camper has been withheld or misrepresented. I authorize our physician to provide further medical history should it be deemed necessary.

This completed form may be photocopied for trips out of camp. I hereby give permission, for my child registered in any of the Monday – Friday programs of Camp Gan Israel, to be taken by car on all outings and trips. I give permission to Camp Gan Israel to use camp photos of my child/ren in any camp publicity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
MM/Day/Year