

Camp Gan Israel Medical Form

This form must be signed and submitted **for each** child attending camp.

Child's Name: _____

Parent/Guardian: _____ Day Phone: _____

Please list emergency contacts:

Name: _____ Phone: _____

Relationship to family: _____

Name: _____ Phone: _____

Relationship to family: _____

Family Physician: _____ Phone: _____

Physician's Address: _____

Health Insurance Co. _____

Policy #: _____

List any allergies (food or insects): _____

Date of last tetanus immunization: _____

Are immunization shots up to date? Yes ___ No ___

Any recent surgery or illness? _____

Does your child take medications regularly? _____

Name of Med.: _____ Dosage: _____

Does your child have any special needs or any other areas of concern of which we should be aware in caring for him or her? _____

Over for continuation of Medical form

Medical Form (continued)

In the event that neither a parent or guardian of the child listed above nor the emergency contact person can be reached in the event of a medical emergency, Camp Gan Israel has my permission to obtain any necessary medical treatment for my child and/or to secure care by a physician for my child while he or she is attending Camp Gan Israel or extended care program.

Parent/Guardian Signature: _____ Date: _____

I hereby give my consent for my child (listed above) to receive prescribed medications during camp hours when regular attendance at camp would be impossible without the medication. Signing below will indicate I have released all persons affiliated with Camp Gan Israel from any and all liability for damages resulting directly or indirectly from this authorization. The prescription medication section of this form must be filled out completely and a physician's statement must accompany medication. All medications must be sent to the camp in the container in which the prescribing or licensed pharmacist dispensed them.

Parent/Guardian Signature: _____ Date: _____

Please call camp office for all appropriate and necessary physician forms.