

MEDICAL CONSENT FORM

Name of Camper: _____ Age: _____ Date of Birth: _____

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

Home Phone: _____

Mother's Name: _____ Mother's Work Phone: _____ Mother's Cell: _____

Father's Name: _____ Father's Work Phone: _____ Father's Cell: _____

Parents Address (If different than child):

Mother's Father's

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

MEDICAL INFORMATION

1. Does your child have any severe medical problems that we should know about (for example: asthma, hearing trouble, diabetes, ADD/ADHD, physical disabilities etc.)? Yes No If yes please specify: _____

2. Should there be any limits on your child's physical activity? Yes No If so please specify: _____

3. Has your child had any serious illness in the past three years? Yes No If so please specify: _____

4. At the present time is your child under doctor's care? Yes No If so please specify: _____

5. Is your child taking any medications at this time? Yes No If so please specify: _____

6. Does your child have any food, medication, insect bite or sting allergies we should be aware of? Yes No If yes please explain: _____

7. Can your child swim? Yes No

8. Are your child's immunization records up to date with the state requirements? Yes No

9. Is your child covered by Medical Insurance? Yes No

Type of Medical Insurance: _____ Medical Insurance # _____

Billing Info. Name: _____ Last Name: _____ Address: _____

10. When was the last time your child had a physical examination?

Date: _____ Doctor: _____ Phone: _____ Date of last tetanus shot: _____

Address: _____ City: _____ Zip: _____

11. Can we contact your doctor for medical reports? Yes No

12. Please list any other information of importance: _____

Parent's Agreement and Medical Authorization. Please read carefully and sign below.

Dear Parent/Guardian,

Your son/daughter is below legal age of consent (21 years old). The law requires that we have your permission to seek medical service should it be needed. Your signature on the consent form will authorize us to proceed with the care of lesser types of medical problems, which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed above, your child will be taken to the nearest Emergency Room facility and will be treated there.

1. **Rules and Regulations:** The camper and Parent(s) agree to abide by all of the rules and regulations established by Camp Gan Israel (CGI) including those relating to enrollment and withdrawal of Campers

2. **Belongings:** Camp is not responsible for Camper's belongings or equipment while in transit or at Camp; for all found articles there will be a lost and found box.

3. **Images, Etc:** Parent authorizes the use of still, video, photos and audio recordings of camper(s) for CGI publicity purposes.

4. **Dismissal of Camper:** The Camp Director reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should this occur, the deposit or unused camp fees will NOT be refunded.

I certify that the information on the application is both true and accurate, and that I have not left out any health or medical information that would help Camp Gan Israel understand or work with my child.

Signature of Parent or Guardian: _____ Date: _____