



Camp Health Form 2017

Select Session: Both Sessions First Session Second Session

Ahava Chaverim Tzefas Tzfat Tiyulim Kinneret Kinneret Plus

Teen-Travel & Training Tiyulim Y-HO-CA Y-HO-CA Plus CIT Staff

Camper's Name _____ Male Female
(Last) (First)

Camper's Birth Date _____ Grade in September 2017 _____

Address _____ City _____ State _____ Zip _____ Home Phone _____

Mother's Email _____ Father's Email _____

Father's Name _____ Work # _____ Cell # _____

Mother's Name _____ Work # _____ Cell # _____

Emergency Contact 1 _____ Emergency Tel # _____ Cell _____

Emergency Contact 2 _____ Emergency Tel # _____ Cell _____

Allergies _____ Medical Conditions _____

Medical Form /Immunization Record (Required By Law). Please have your Physician fill this portion out.

Physical Examination _____ Psycho-Social Exam _____ Abnormal Findings (Be Specific): _____

Date of Last Exam _____ Allergies: _____ Restrictions: _____

Medical Insurance Information: Plan _____ I.D. # _____

Under what name? _____

Medication (if any) child is currently taking (at home) _____

Condition for which medication is being used _____

VACCINE TYPE	DISEASE	1 ST DOSE	2 ND DOSE	3 RD DOSE	4 TH DOSE	5 TH DOSE	MO/DAY/ YEAR
	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	
DIPHTHERIA,TETANUS,PERTUSSIS (DPT) <small>(If Td, DtaP, or DT*, indicate in corner box)</small>							
POLIO- ORAL POLIO VACCINE (OPV) <small>(If Salk Vaccine, indicate IPV in corner box)</small>							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES					MEASLES SEROLOGY	DATE: TITER:	
RUBELLA					RUBELLA SEROLOGY	DATE: TITER:	
MUMPS					MUMPS SEROLOGY	DATE: TITER:	
HAEMOPHILUS B (HIB) **							
HEPATITIS B **							
VARICELLA- OR DATE OF DOSAGE							
OTHER SPECIFY:							

Printed Name of Physician _____ Phone _____

Physician's Signature _____

For office use only: Checked by camp nurse _____ (initials) Date _____

PARENT/GUARDIAN AGREEMENT

I hereby authorize and give permission for my child to participate in all camp activities and trips. I recognize and understand that the possibility of an accident and/or injury exists associated with my child's participation and inclusion activities and/or trips. I hereby release, discharge, and/or indemnify and hold harmless the YM-YWHA of Union County, its employees and associated personnel against any claim by or on behalf of my child as a registrant of the camp as a result of my child's participation in activities and/or trips, including incidents related to my child's transportation to and from such activities or trips.

Date: _____ Parent/Guardian's Signature _____

Print Parent/Guardian's Name _____

CONSENT FOR MEDICAL TREATMENT

As parent/guardian of the camper listed on this form, I hereby grant my consent and permission to any duly authorized employee of the YM-YWHA of Union county to sent and approve emergency medical care by a duly licensed M.D., D.O., R.N., D.D.S., or hospital staff member to perform any procedure or treatment that will preserve the life, limb, or well-being of my child.

Date: _____ Parent/Guardian's Signature _____

Print Parent/Guardian's Name _____

No Over the Counter medication will be given.

All Rx medication must be in original packaging with clear directions