

**CAMP KESHER CAMPER
MEDICAL INFORMATION & AUTHORIZATION FORM**

Parent or Guardian: **Please submit this form to us by June 15, 2011.** Information on this form is not part of the camper's acceptance process, but is gathered to assist us in identifying appropriate care. **No camper will be permitted to stay on the grounds without having submitted a Camper Medical Information & Authorization Form. All camper medications & drugs (except those for use in an emergency) must be turned over to the Camp Nurse upon arrival at camp.**

Please print neatly & fill out this form completely & accurately.
Attach additional sheet(s) if more space is needed for your answer(s).

Camper's Name _____ D.O.B. _____ Sex ____ Height _____
Age ____ Weight _____

A. Participant's Health History (check all that apply & give relevant dates):

_____ Heart Defect/Disease _____ Convulsions _____ Asthma
_____ Frequent Ear Infections _____ Hypertension _____ Diabetes
_____ Bleeding/Clotting Disorders _____ Mononucleosis _____ ADD/ADHD

B. List any other physical, mental or emotional difficulties and/or any other communicable illnesses/diseases we should know about: _____

C. List any operations or serious injuries with dates: _____

D. Immunization Record (attach a photocopy or list dates here, including dates of basic immunization and date of last booster; please **DON'T** just put "UP TO DATE" or "CURRENT"!):

Polio Vaccine _____ Tetanus _____
Measles _____ Mumps _____
Rubella _____ DPT/TD _____
Others _____ TB Test given: _____

E. Medications (prescription or not, all medications MUST be sent in the original container with the participant's name and the instructions clearly stated):

<u>Medication</u>	<u>Amount</u>	<u>Time to be Given / Other Instructions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following over-the-counter medications may be given, if needed: ____ All ____ None Below
_____ Cough Lozenges _____ Antibiotic Ointment _____ Benadryl
_____ Cough Syrup / Robitussin _____ Anti-Diarrheal (i.e., Imodium) _____ Tylenol / Advil
_____ TUMS, Maalox, Pepto Bismol _____ Anti-Itch Cream (i.e., Benadryl/Hydrocortisone)

F. **Allergies** (to foods, medicines, insect bites, animals, plants, pollens, dust, mold, etc.):

<u>Allergy</u>	<u>Severity</u>	<u>Typical Reaction</u>	<u>Recommended Treatment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. List any **restrictions on physical activity or diet** (other than food allergies above): _____

H. **Only** put info in the following box **if it differs** from what's on the **Family Information Form**:

Doctor's Name _____	Phone # _____
Medical Insurance Company _____	Phone # _____
Full Address _____	Group or Plan # _____

I. Is this the camper's **first** extended sleep-away-from-home experience? _____

J. **Authorization: This health history is correct, as far as I/we know, and the participant herein described has permission to engage in all camp activities, except as noted above. I/We hereby give permission to the medical personnel selected by Camp Kesher to order X-rays, routine tests & treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for the participant. In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by Camp Kesher to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant. I/We understand that I am / we are responsible for medical costs incurred by the participant while at camp. I/We understand that the information on this form is confidential and will be shared only with the appropriate personnel on a "need to know basis." I/We give permission to photocopy this form.**

_____ (Printed Name of Mother */Guardian)	_____ (Signature*)	_____ (Date)
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_____ (Printed Name of Witness*)	_____ (Signature*)	_____ (Date)	_____ (Phone #)
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_____ (Printed Name of Father */Guardian)	_____ (Signature*)	_____ (Date)
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_____ (Printed Name of Witness 2, if needed*)	_____ (Signature*)	_____ (Date)	_____ (Phone #)
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***Any parent/guardian with any degree of custody must sign above in the presence of a witness.**