

## CONTACT INFORMATION

Child's Full Name

Parent's Full Names

Phone Number(s) - Mother

Phone Number(s) - Father

## EMERGENCY CONTACT INFORMATION

Child's Pediatrician

Phone

Insurance Company

Phone

Preferred Hospital

Dentist or Clinic

Address

Phone

## HEALTH HISTORY

List any serious illnesses or operations your child has had

Medications: name and dosage

Does your child have any allergies?  Yes  No

If yes, please describe them and indicate special precautions or care needed.

Does your child have a history of...

Frequent Ear Infections

Heart Defect/Disease

Convulsions

Insect Sting Allergy

Diabetes

Bleeding/Clotting Disorders

Chicken Pox

Penicillin Allergy

Measles

German Measles

Mumps

Physical Handicap

Asthma

Hay Fever

Poison Ivy

Other problems (describe) \_\_\_\_\_

If you checked any of these items, please describe any special emergency care instructions or other information needed by the child's care staff/provider:

Chronic or recurring illnesses (not listed above):

Any specific activities that should be discouraged?

Parent's Initials

Date

Please see the back of this form.

## LICE POLICY

Camp Gan Israel has a no-nit lice policy for the camp. Parents who find nits or live lice in their child's hair while their child is attending camp must report the incident to the camp office immediately and keep their child home until they are treated. The child will need to be nit free and checked by the camp staff or an approved medical or lice expert before reentering camp. **Days missed due to lice will not be refunded.**

Parent's Initials

Date

## PARENT CONSENT INFORMATION

I hereby give my consent for emergency medical treatment, to be used only if I cannot be reached immediately.

Parent's Initials

Date

I hereby give permission for my child to participate in field trips during operating hours. Details will be given to me in advance.

Parent's Initials

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 that I have released all persons affiliated with Camp Gan Israel from all liability for damages resulting directly or indirectly from this authorization. (Prescription medications section of this form must be filled out completely and a physician's statement must accompany medication.) By signing here I am giving my permission for all the items above and on the back that I have initialed.

Parent's Signature

**All medications must be sent to the school in the container in which they were dispensed by the prescribing physician or licensed pharmacist.**