Camp Gan Israel, Camp, Registration Form

ב"ה

Today's Date _____ **Name of Child**: _____ Hebrew Name: _____

Date of Birth: _____ Sex: _____ Camper lives with: __ Both Parents __ Mother __ Father __ Other _____

Address: _____ ___
(street) (city/town) (zip)

Week/s attending _____ T-shirt size _____ E mail for camp notices _____

Mother's Name: _____ Hebrew Name: _____

Address: _____ Home Phone: _____
(if different from above)

Work Phone: _____ Employer: _____ Other Phone: _____

Father's Name: _____ Hebrew Name: _____

Address: _____ Home Phone: _____
(if different from above)

Work Phone: _____ Employer: _____ Other Phone: _____

If child is staying temporarily with friend or relative during camp: Local Guardian: _____

Address: _____ Home Phone: _____

EMERGENCY NUMBERS – Individuals to call if parents cannot be reached:

Name: _____ Relationship: _____ Daytime Phone: _____

Name: _____ Relationship: _____ Daytime Phone: _____

School child attended: _____ Grade entering: _____

Previous camp experience: _____

Name of physician: _____ Phone: _____

Address: _____

Name of dentist: _____ Phone: _____

Address: _____

Are there activities and areas that are of special interest to your child? _____

Are there any strong dislikes or fears that your child has that you feel the staff should be aware of?_____

_____

Does your child have any physical or emotional conditions that the staff should be aware of? (allergies, speech, etc.) _____

I HAVE READ AND AGREE TO THE FOLLOWING TERMS:

The camp reserves the right to refuse any applicant if all the registration procedures are not complete. In addition to this form, a Health Form must be completed and submitted to camp. I understand that I am responsible for full payment for the entire time reserved, payable to Chabad of West Bay.

I authorize my child to participate in all camp activities and to go on all camp trips.

If I cannot be reached in an emergency, I give permission to the camp to have my child taken care of by a physician in any way the situation will call for.

Parent's Signature _____ Date _____

Parent's Name _____

Camp Gan Israel Health Form

Today's Date_____

Name: _____ Sex: _____ Age: _____ Birth date: _____
(last) (first)

Address: _____ Phone: ( )_____
(street) (town) (state) (zip)

In emergency, notify: _____ Relationship: _____

Address: _____

GENERAL HEALTH RECORD:

DATE OF EXAM: _____

Height: _____ Weight: _____

Identify any known medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect the child's functional ability to participate safely:

_____

Medical information pertinent to routine childcare and emergencies: _____

_____

Is this child taking prescription medication on a daily basis for a chronic illness/condition? YES NO

If yes, indicate prescription: _____

Does the child have allergies? ❑ YES ❑ NO Explain: _____

Is the child on a special diet? ❑ YES ❑ NO Explain: _____

IMMUNIZATION RECORD: (Month, Day, Year for each dose)

IMMUNIZATION	DATE					IMMUNIZATION	DATE
	1ST DOSE	2ND DOSE	3RD DOSE	4TH DOSE	5TH DOSE		
DTP/DtaP/DT						MMR (1st dose)	
OPV/IPV						MEASLES (2nd dose)	
Hib (HAEMOPHILUS INFLUENZA TYPE B)						VARICELLA (Chicken Pox)	
HEPATITIS B						OTHER (Specify)	

The above-named person is in satisfactory condition and may engage in all camp activities except as noted:

Name of Dr. _____ Signature_____ Date:_____

State licensed in: _____ License #: _____

Address: _____Phone no._____

Do you carry family medical/ hospital insurance? Y / N if so, indicates: Carrier _____Policy #. _____

PARENT OR GUARDIAN AUTHORIZATION: *(required for all persons under age 18)*

This health history is correct so far as I know, and the person named above has permission to participate in all camp activities except as noted by me or the examining physician. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia for surgery for the person named above.

Signature: _____ Date: _____