

CAMP MEROCKDIM MEDICAL FORM

Last Name _____ First Name _____

Date of Birth ___/___/___ Home Phone _____

Address _____ City _____ State _____ Zip _____

RECENT/CURRENT ILLNESS: _____

SPECIAL NEEDS, ALLERGIES OR DIET: _____

MEDICATIONS OR TREATMENTS: _____

The following does not require a special doctor's examination but must be completed with the registration of your child. The dates of the immunizations must be filled in. **NO CHILD WILL BE ADMITTED INTO CAMP WITHOUT A COMPLETED IMMUNIZATION FORM.** The information may be obtained from your doctor or school nurse.

IMMUNIZATIONS

Hepatitis B _____

D.P.T. _____

DT/DTaP _____

OPV/IPV _____

HiB _____

PCV _____

Measles _____ Date of Booster _____

Mumps _____ Date of Booster _____

Rubella _____ Date of Booster _____

Chicken pox _____ Date of Booster _____

To the best of my knowledge, all of the above information is correct.

Parent/Guardian Signature: _____ Date _____ (over)

EMERGENCY

Father business phone _____ Mother business phone _____

Father cell _____ Mother cell _____

In the event that I cannot be reached, please contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy Numer(s) _____

WAIVER OF LIABILITY: In the event that the camper(s) shows a willfull or blatant disregard for his safety, I release CAMP MEROCKDIM and anyone acting under their direction from any legal liability resulting from injury to my child.

TRIP PERMISSION: I hereby give my child(ren) permission to go on all CAMP MEROCKDIM trips, hikes or outings, including daily swim trips for the girls camp.

LOST AND FOUND POLICY: All articles left in Cmap after the last day will be considered ownerless. This is for halachic and legal purposes.

In the event that we cannot be reached and in the case of a medical emergency, I hereby authorize the physician selected by Camp Merockdim to secure complete and proper care for my child.

Parent Signature _____ *Date* _____

I understand and agree to the conditions above.

Parent/Guardian Signature _____ Date _____

