CAMP MEROCKDIM MEDICAL FORM

The following does not require a special doctor's examination. The dates of immunizations must be filled in or you can attach a copy of the doctor's immunization record.

NO CHILD WILL BE ALLOWED INTO CAMP WITHOUT INTO CAMP WITHOUT A COMPLETED MEDICAL FORM WITH IMMUNIZATIONS.

Last Name _____ First Name _____

DOB _____ Dad Cell _____ Mom Cell_____

Address _____City _____ State _____ Zip _____

Recent/Current Illness _____

Special Needs, Allergies or Diet _____

_____

Medications or Treatment _____

_____

IMMUZINATIONS

Hepititis B _____ _____ _____ _____ _____ _____

D.P.T. _____ _____ _____ _____ _____ _____

DT/DTaP _____ _____ _____ _____ _____ _____

OPV/IPV _____ _____ _____ _____ _____ _____

HiB _____ _____ _____ _____ _____ _____

PCV _____ _____ _____ _____ _____ _____

MMR _____ _____ _____ _____ _____ _____ 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 _____

EMERGENCY

Father business phone _____Mother business phone _____

Father cell phone _____Mother cell phone _____

In the event that I cannot be reached please contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Insurance carrier_____ Policy number _____

WAIVER OF LIABILITY In the event that the camper(s) shows a willful or blatant disregard for his safety, I release Camp Merockdim (Champion DC) 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 (Champion DC) trips hikes or outings, including daily swim trips for the girls camp.

LOST AND FOUND POLICY All articles left in camp 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 herby authorize the physician selected by Camp Merockdim (Champion DC) to secure complete and proper care for my child.

Parent Signature _____ Date _____

I understand and agree to the conditions above.

Parent Signature _____ Date _____