

**CAMP MEROCKDIM MEDICAL FORM**

THE FOLLOWING DOES NOT REQUIRE A SPECIAL DOCTOR'S EXAMINATION. PLEASE ATTACH A COPY OF THE DOCTOR'S IMMUNIZATION RECORD.

**PLEASE READ THE WHOLE MEDICAL FORM CAREFULLY.**

**NO CHILD WILL BE ALLOWED INTO CAMP WITHOUT A COMPLETED MEDICAL FORM WITH IMMUNIZATIONS. PLEASE COMPLETE A FORM FOR EACH CHILD. IF YOU SENT IMMUNIZATION FORMS LAST YEAR, YOU DO NOT NEED TO RESEND THE DOCTOR'S IMMUNIZATION FORMS. YOU DO NEED TO RESEND THIS FORM.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

DOB \_\_\_\_\_ Dad Cell \_\_\_\_\_ Mom Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Recent/Current Illness \_\_\_\_\_

Special Needs, Allergies or Diet \_\_\_\_\_

Medications or Treatment \_\_\_\_\_

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, or does not follow the social distancing, sanitizing and related rules while at camp. I release Camp Merockdim (Champion DC) and anyone acting under their direction from any legal liability resulting from injury to my child. I also forego any refund.

On behalf of myself and my child, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's participation in Camp Merockdim (Champion DC) and/or arising from or relating to COVID-19, and I hereby waive, release, hold harmless and agree not to sue Camp Merockdim (Champion DC), its employees, agents and representatives concerning any liability arising out of or related to COVID-19 or Camp Merockdim's (Champion DC) actions or omissions regarding COVID-19 or the pandemic.

I agree to perform daily screenings being requested by the camp this summer which may include temperature checks and answering screening questions. I agree not to send my child to camp if he/she does not pass daily screening.

**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 hereby authorize the physician selected by Camp Merockdim (Champion DC) to secure complete and proper care for my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this agreement, I certify that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_