

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 AND A COPY OF IMMUNIZATIONS FROM THE PEDIATRICIAN. PLEASE COMPLETE A FORM FOR EACH CHILD.

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 the camp rules and guidelines, 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.

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 _____