

TEL HAI CAMP & RETREAT

HEALTH FORM

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Please print or type this record accurately & neatly. To be filled in by parent/guardian of minor or by staff over 18 themselves.

Last Name: _____ **First Name:** _____ **MI:** _____ **Camper or Staff:** _____

Gender: _____ **DOB:** _____ **Age:** _____ **Height:** _____ **Weight:** _____

Parent or Guardian (or Spouse): _____

Home Address: _____

Street and Number City State Zip
Home Phone: (____) _____ **Work Phone:** (____) _____ **Cell Phone:** (____) _____

Second Parent or Guardian or Emergency Contact: _____

Address: _____

Street and Number City State Zip Phone#

If not available in an emergency, notify: _____

Address: _____

Street and Number City State Zip Phone#

Insurance Company: _____ **Policy #:** _____

**Each Camper is required to have Health Insurance.*

Family Physician & practice: _____ **Phone #:** _____

Health History: (check all that apply giving approximate dates)

_____ Frequent Ear Infections	_____ Heart Defect/Disease	_____ Convulsions
_____ Hypertension	_____ Mononucleosis	_____ Diabetes
_____ Bleeding/Clotting Disorders	_____ Asthma	_____ ADD/ADHD

Allergies: _____ Hay Fever _____ Insects Stings _____ Poison Ivy, Sumac _____ Animals
_____ Medicine/Drugs (Specify) _____

_____ Food (Specify) _____

for food allergies, please complete & return the Food Allergy sheet included

_____ Others (specify) _____

Please explain any allergies checked above: _____

List operations or serious injuries with dates: _____

List chronic or recurring illness or medical conditions: _____

List any restrictions on physical activity or diet: _____

List any physical, mental, or emotional difficulties we should know about: _____

Date of last tetanus injection: _____

List any medications your child will require while at Tel Hai Camp:

Medications

Amount

Time to be given

****All medications MUST be sent in the original container with the child's name and the instruction from the doctor clearly stated****

The following may be given to my child if needed: _____ All _____ None of below

_____ Tylenol/Advil _____ Cough lozenges _____ Cough syrup/Robitussin CF

_____ Benadryl _____ TUMS, Maalox, _____ Anti-diarrheal (i.e. Imodium)
Pepto Bismol

_____ Antibiotic Ointment _____ Anti-Itch Cream (i.e. Benadryl/Hydrocortisone)

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by Tel Hai Camp to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Tel Hai Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that I am responsible for medical costs incurred by my child. I understand that the information on this form is confidential and will be shared only with the appropriate personnel on a "need to know basis." I agree that a facsimile, photographic copy, or digital copy of this form shall be as valid as the original.

Signature of parent or guardian or adult camper/staffer: _____

Reviewed by (signature): _____ Date: _____