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 N	Name:	MI:	C	Camper or S	taff:
Gender:	DOB:	Age:	Height: _		Weigh	t:
Parent or Gua	ardian (or Spouse): _					
Home Address	s:					
Home Phone: (Street and Number 1		City)		Zip Phone: (
Second Parent	t or Guardian or Em	nergency Con	ntact:			
Address:	Street and Number					
	Street and Number	City	State	Zip	Phone#	
If not available	in an emergency, not	rify:				
Address:	Street and Number					
	Street and Number	City	State	Zip	Phone#	
Insurance Con	mpany:		Po	olicy #:		
	*Each Camper is	required to have I	Health Insurance.			
Family Physic	ian & practice:]	Phone #:	
Health History	y: (check all that appl	y giving appr	oximate dates)		
Frequent Ear Infections			Heart Defect/Disease		e	Convulsions
			Mononucleosis			Diabetes
Ble	eeding/Clotting Disord	ders	_ Asthma			ADD/ADHD
Allergies:	Hay Fever Medicine/Dru					
	Food (Specify	·)				
	for food allergies,	, please comp	olete & return	the Fo	od Allergy s	heet included
Please expl	ain any allergies che					

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: List any physical, mental, or emotional difficulties we should know about: 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 Anti-biotic Ointment Anti-ltch Cream (i.e. Benadryl/Hydrocortisone) The Health History is correct so far as 1 know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: 1 hereby give permission to the medical personnel selected by Tel Hai Camp to order X-rays, rotine tests, treatment, to release any records necessary for insurance purposes; and to order yell a Camp to order X-rays, rotine tests, treatment. to release any records necessary for insurance purposes; and to order yell a Camp to order X-rays, rotine tests, treatment. to release any records necessary for insurance purposes; and to order the control of the proper 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. In understand that an 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:	amper/Staff Name:			Rev. 9/4/2015		
List any physical, mental, or emotional difficulties we should know about: Date of last tetanus injection:	List operations or serious injurie	s with dates:				
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Reviewed by (signature): Date:	camp activities except as noted. Authori by Tel Hai Camp to order X-rays, routing provide or arrange necessary related transhereby give permission to the physician injection, anesthesia, or surgery for my composition of the information of a "need to know basis." I agree that original.	zation for Treatment: I herebe tests, treatment; to release a sportation for me/or my child. selected by Tel Hai Camp to hild named above. I understand on on this form is confidential ta facsimile, photographic cop	by give permission ny records necess In the event I can ospitalize, secure I that I am respon and will be shared by, or digital copy	n to the medical personnel selected ary for insurance purposes; and to mot be reached in an emergency, I proper treatment for, and to order sible for medical costs incurred by d only with the appropriate person- of this form shall be as valid as the		