CAMP JACOBSON AT Robin Hood

HEALTH RECORD FOR CAMPERS AND STAFF

(This side to be filled in by parent/staff before presentation to physician)

Last Name	First Name	Date of Birth	❒ M ❒ F Gender

Home Address:	
Phone Number:	Cell Phone:
Parents/Guardians:	
Place of Employment	
Parent/Guardian #1:	Phone:
Parent/Guardian #2:	Phone:
If Parent/Guardian not available in an emergency, notify: Name:	Phone:

Important: Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance: ❒ Yes ❒ No (If yes, state type of exposure:_____)

Ear Infections:	Hay Fever:	Chicken Pox:
Rheumatic Fever:	Ivy Poisoning, etc.:	Measles:
Convulsions:	Insect Stings:	German Measles:
Diabetes:	Penicillin:	Mumps:
Other Drugs:	Asthma:	
Past Illness:		Contagious Illness
Operations or Serious Injuries:		
Hospitalizations (Dates):		
Chronic or Recurring Illness:		
Other Diseases or Details of Above		
Any specific activities to be encouraged		
To be restricted		
Permission for all program activities unless otherwise noted by Dr.		
Suggestion from Parent / Guardian		

SIGNIFICANT HEALTH HISTORY

Current Conditions (Please List):
Medication Taken:
Appliance Work (Glasses, etc.):
Condition Which Modify Activity (Seizures, amnesia, Heart Conditions, etc.):

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, and to administer an anesthetic to my child. I also give permission to give my child over-the-counter medications according to standard dose or physician's recommendation (circle all that apply): Tylenol – Motrin – Benedryl – Other _____ - None of the Above.

Relationship to Camper/Staff	Print Name
Date	Signature

BERNICE JACOBSON DAY SCHOOL AND CAMP
An Affiliate Of SID JACOBSON JEWISH COMMUNITY CENTER
BROOKVILLE CAMPUS
340 Wheatley Road, Old Westbury, NY 11568

UJA Federation of New York
United Way jcc association