

**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:** _____

Sex: ____ **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 #:** _____

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
____ Medicine/Drugs (Specify) _____
____ Food (Specify) _____

for food allergies, the camp cook must be notified at least one week in advance

____ 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: (if more than 10 years, MUST be renewed prior to coming to Tel Hai Camp): _____

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

Medications	Amount	Time to be given
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****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. Immodium)
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 the camp director 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 the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

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

Signature of Witness: _____ Date: _____