# Camp Haverim Camper Medical
# Release And Authorization Form

Camper's Name:_______________________________________________

Grade: ___ D.O.B.: ________ Sex: (circle one): Male Female

Parent(s)/Guardian(s) Names: ____________________________ ____________________________

Home #: ______________ Cell #(s): ______________ & ________________ Office #: ______________

Back-up Emergency Contact Person's Name: _____________________________________

Back-up Emergency Contact Person's Phone Numbers:
Home #: ______________ Cell # (s): ______________ Office #: ______________

Physicians Name: _________________________________ Office #: ________________

HEALTH HISTORY
My child has had the following immunizations (please give dates or attach records):

DTP _______________Measles ________________Mumps_________________
Chicken pox __________Tuberculosis _____________Tetanus_________________

My child has been or is being treated for the following medical conditions:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Conditions, Allergies or Dietary Restrictions:
Please list all conditions, allergies, diseases and food allergies your child may have (e.g., hay fever, asthma, sinus infections, insect bites, stomach disorders, epilepsy):

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while your child is at camp.

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**NON-PRESCRIPTION MEDICATIONS**
Listed below are all non-prescription medications my child is currently taking.

___________________________________________________________________________
___________________________________________________________________________

The Camp Director has my permission to administer the following non-prescription medications to my child:
Tylenol (acetaminophen): For fever? Y ___ N___ For headache? Y ___ N___
Advil (ibuprofen): For inflammation or pain? Y ___ N___
Antacids (e.g. Tums/Mylanta) for indigestion? Y ___ N___
Decongestant and/or cough suppressants (e.g. Robitussin/Sudafed) Y ___ N___
Other (Please Specify) ___________________________________ Y ___ N___

**PLEASE TURN OVER. THIS FORM CONTINUES ON THE OTHER SIDE AND MUST BE SIGNED BELOW**
>>>>>>>>>>>>>

**PRESCRIPTION MEDICATIONS**

Listed below are all prescription medications my child is currently taking.

Medication: _________________________ Dosage _________________________
Reason for Medication: ____________________________________________________________________________

Medication: _________________________ Dosage _________________________
Reason for Medication: ____________________________________________________________________________

Medication: _________________________ Dosage _________________________
Reason for Medication: ____________________________________________________________________________

By signing below, I hereby authorize and request the Camp Director to administer each of the foregoing medications sto my child according to the instructions on the label on the bottle for each of the medications.

**LIMITATIONS ON ACTIVITIES**

My child should be excused from the following activities for health reasons:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

**INSURANCE INFORMATION**

Is the camper covered by health insurance? Y ___ N___

If yes: Name of Carrier or Plan Name: ____________________ Group Number: ____________________

Name of Insured: __________________________ Camper's Relationship to Insured: __________________

**OTHER NOTES OR IMPORTANT INFORMATION**

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

By signing below, I expressly authorize the Camp Director to share this form with (i) Camp Haverim's physician advisor and (ii) the senior counselor for my child's group.

**EMERGENCY MEDICAL AUTHORIZATION**

The undersigned, being the parent/person having legal custody/legal guardian of ___________________, a minor, do hereby authorize a representative of Camp Haverim as agent for the undersigned, to consent to any medical or surgical examination, diagnosis, treatment or hospital care that is deemed advisable by, and is rendered under the general or special supervision of, any physician or surgeon who is licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority of power to the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care that a physician, meeting the requirements of this authorization, may, in the exercise of his or her best judgment, deem advisable.
These authorizations shall remain effective until revoked in a written document, delivered to said agent.

___________________________________
PARENT'S/GUARDIAN'S SIGNATURE DATE: ______________________

PARENT'S/GUARDIAN'S PRINTED NAME: ___________________________________