



Camp Shalom Medical Form

(Form must be completed for each camper. Photocopies of this page are also permitted.)

Camper's Name _____ Age: _____

Parent/Guardian #1 Name _____ Phone #: _____

Parent/Guardian #2 Name _____ Phone #: _____

Emergency Contacts: (must list at least two other than parent/guardian)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Medical Insurance Company: _____ Phone #: _____

Name on Insurance Policy: _____ Policy #: _____

Pediatrician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Any Physical Limitations? _____

Chronic or Recurring Illness? _____

Allergies (including hay fever, medications, asthma, insect bite/sting, poison ivy, oak, food, animals, insect repellent, sunscreen, etc.)? _____

Medication(s) child has been or is currently using _____

Does it need to be administered at camp? Yes No

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL, EMERGENCY ROOM OR URGENT TREATMENT CENTER. Your signature authorizes the responsible person at Camp Shalom to have your child transported to that facility. I hereby give my permission for Camp Shalom to seek medical assistance for my child in case of emergency.

Parent/Guardian Signature: _____ Date: _____