

Camp Gan Izzy, 2018

Medical & Comprehensive Information Sheet

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Name of Camper _____ Birthdate: _____ M ____ F ____

Address _____

BEST Email address _____

BEST phone: _____ Alt. phone: _____ Alt. Phone: _____

Name and number of emergency contact _____

Name of doctor _____ Phone number: _____

Does your child take any medication regularly? _____ If yes, please specify type, schedule, and whether it will need to be administered by camp staff during camp hours. Please include benedryl if applicable. _____

List any recent surgery or serious illness? _____

List any allergies to food, medication, and whether your child carries an epi pen: _____

Does your child have any physical/mental/social disability or any other challenge of which we should be aware in caring for him/her? _____

Can we call on you to assist on our bike riding excursion or hikes? _____

Comments: _____

I have read all the camp information and agree to all the camp policies and I give permission for my child to participate in all camp activities.

I give permission for my child, _____, to participate in all camp activities.

Parent's signature _____ **Date** _____