



**JCC Jacob and Rose
GROSSMAN CAMP**

333 Nahanton Street, Newton Centre, MA 02459

CAMPER HEALTH PROFILE

HEALTH FORM FOR CAMPERS and STAFF

This side to be filled out by parent or adult staff and must be accompanied by a physical (completed within the past year) and an immunization history.

Name Birth Date Sex Age
Last First M.I.

HEALTH HISTORY: (Check – giving approximate dates)

General:

Ear, Nose, Throat
 Mental/Neurosensory (Seizure)
 Muscular/Skeletal
 Cardiovascular
 Respiratory (Asthma)

Endocrine/Metabolic (Diabetes)
 Gastrointestinal
 Glasses/Hearing Aides
 Other

Allergies:

(Please give details)
 Food
 Medication
 Lactose Intolerance
 Insect Bites

Other diseases or details of above

Operations or serious injuries (dates)

Chronic or recurring illness

Please list current medications taken at home:

Please list medications to be taken at camp:

I give the health care staff to administer the following over the counter medications at their discretion:

Acetaminophen (Tylenol) fever/head ache Ibuprofen (Advil) fever/head ache

Diphenhydramine (Benadryl) allergic reaction

In addition to these medications, I give permission for the health care staff to administer medications per standing orders given by the Health Care Consultant.

PARENT'S AUTHORIZATION

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the healthcare staff selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature

Print Name

Date

PLEASE NOTE: THIS FORM IS NOT COMPLETE UNLESS SIGNED ABOVE AND ACCOMPANIED BY A RECENT COPY OF PHYSICIAN'S HEALTH HISTORY/IMMUNIZATION FORM. INFORMATION MUST BE RECEIVED TWO WEEKS PRIOR TO THE START OF CAMP.

Please complete the other side of this form if your child will be taking routine medications at camp.