



**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 _____	Endocrine/Metabolic (Diabetes) _____
Mental/Neurosensory (Seizure) _____	Gastrointestinal _____
Muscular/Skeletal _____	Glasses/Hearing Aides _____
Cardiovascular _____	Other _____
Respiratory (Asthma) _____	

**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.*