

B"H
CAMP GAN ISRAEL HEALTH EXAMINATION FORM

1037 Golf Lane Indianapolis, IN 46260
(317)251-5573 fax: (317)251-5510

This part to be filled in by parents or guardian and checked with physician at time of examination.

Name _____ Birth date _____
Last First Middle Initial

Parent or Guardian _____

Home phone _____ Work phone _____ Cell phone _____

Home Address _____

Business Address _____
Street city state zip

If not available in case of emergency contact:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Operations or Serious injuries which may affect participation in camp activities: _____

Chronic or recurring illnesses or handicap which may affect participation in camp: _____

Allergies: _____

Name of family physician: _____ Phone: _____

Do you have health insurance? ____ Carrier: _____ Policy/Group No. _____

Parent's Authorization: This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.
I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature _____ Date _____

Medical Examination- To be filled out by licensed physician

This examination should have been performed within 12 months of arrival at camp. Examination for some other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Height: _____ Weight: _____

General Appraisal: _____

Specific Medical Conditions affecting participation: _____

Allergies: _____

Immunizations up-to-date? _____

Recommendations and Restrictions while in camp

Current Medications: _____ Is parent providing it? _____

Special Diet: _____

Swimming, diving: _____

Strenuous activity: _____

Other: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this camper is physically able to engage in camp activities, except as noted above.

_____ M. D. _____ Phone

_____ Date _____ Address

As we want to insure that your child has an enjoyable and productive summer, it is important for us to know any social, physical, emotional or diet challenges your child may have. This will insure that we are adequately prepared to give your child all the attention and supervision that s/he may need. Please use the back of this page to bring this to our attention. Thank you.