2017 MEDICAL FORM FOR JCC DAY CAMP

Return no later than June 5, 2017 to: JCC, 60 South River Street, Wilkes-Barre, PA 18702-2493

☐ Little Menschen (Ages 2-3) ☐ K'Ton Ton (Ages 4-6) ☐ Nagila (Grades 2-4) ☐ Campers (July 10-Aug 4) ☐ Mitzvah (Grades 5-7) ☐ CIT (Grades 8-9 June 26-Aug 4)

Please select the weeks attending:

☐ WK 1 (June 19 - 23) ☐ WK 2 (June 26 - 30) ☐ WK 3 (July 3-7 No Camp July 4) ☐ WK 4 (July 10 - 14) ☐ WK 5 (July 17 - 21) ☐ WK 6 (July 24 - 28) ☐ WK 6 (July 24 - 28)

☐ WK 7 (July 31 - August 4) ☐ WK 8 (August 7 - 11) ☐ WK 9 (August 14 - 18) ☐ FULL TIME CAMPER ☐ Overnight Camp (July -16 July 21) ☐ Overnight Camp (July -30 - Aug 4)

Camper's Name:

_____ Sex: M ☐ F ☐

Last *First* *Middle*

Home Address

_____ Date of Birth _____ / _____ / _____

Parent/Guardian II :	Home Phone:	Cell Phone:	Business Phone:
Address:		Email	
Parent/Guardian II :	Home Phone:	Cell Phone:	Business Phone:
Address:		Email	

IN AN EMERGENCY, CAMP STAFF SHOULD NOTIFY, IN ORDER OF PREFERENCE (include parents' name if applicable):

1. Name:	Relationship:	Day Phone:	Cell Phone:
2. Name:	Relationship:	Day Phone:	Cell Phone:

Congenital defects	**Yes**	**No**		**Yes**	**No**		**Yes**	**No**
Allergies								
Seasonal	☐	☐	Measles	☐	☐	Hemophilia	☐	☐
Food	☐	☐	Hemia	☐	☐	Tuberculosis	☐	☐
Drug	☐	☐	Infectious Hepatitis	☐	☐	Whooping cough	☐	☐
Other	☐	☐	Meningitis	☐	☐	Other _____	☐	☐
Illness			Infectiious			**Operations**		
Asthma	☐	☐	Mononucleosis	☐	☐	Appendectomy	☐	☐
Chicken Pox	☐	☐	Mumps	☐	☐	Tonsillectomy	☐	☐
Diabetes	☐	☐	Pneumonia	☐	☐	Other _____	☐	☐
Epilepsy	☐	☐	Poliomyelitis	☐	☐	**Fractures**	☐	☐
Encephalitis	☐	☐	Rheumatic Fever	☐	☐	**Blood Transfusions**	☐	☐
German Measles	☐	☐	Scarlet Fever	☐	☐		☐	☐

Immunization record. Enter month/day/year.

Diphtheria-Tetanus-Pertussis DTP	**1 / /**	**2 / /**	**3 / /**	**4 / /**	**5 / /**
Or Diphtheria-Tetanus (DT)	**1 / /**	**2 / /**	**3 / /**	**4 / /**	**5 / /**
Measles (Rubeola or Red*) *Must be administered at age 12 mos. or older	**1 / /**	**2 / /**	**or Measles Serology: Date _____ Blood Titer _____**		
German Measles (Rubella*) *Must be administered at age 12 mos. or older	**1 / /**	**2 / /**	**or Rubella Serology: Date _____ Blood Titer _____**		
Mumps *Must be administered at age 12 mos. or older	**1 / /**	**2 / /**	**or Mumps disease diagnosed by a physician at _____ / _____ / _____**		
Hepatitis B Vaccine *Not Required By Law	**1 / /**	**2 / /**	**3 / /**	**Chicken Pox Vaccine Yes _____ No_____**	

If child is presently taking medication, please list below. NOTE: All medicine must be labeled with a written instruction sheet and signed by guardian.

_____

_____

Physician's Signature:

_____

Phone: Name of Insurance Company:

_____ _____

Signature of Parent/Guardian: Cell Phone:

_____ _____

E-Mail Address:

_____

Name & Phone Number of Pediatrician:

_____