2019 MEDICAL FORM FOR JCC DAY CAMP

Return no later than June 4, 2019 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 8-Aug 2) Mitzvah (Grades 5-7) CIT (Grades 8-9 June 24-Aug 2)
John Heinz (June 24 - July 5)

Please select the weeks attending:

☐WK 1 (June 24 - 28) WK 2 (July 1 - 5) ☐WK 3 (July 8-12) ☐WK 4 (July 15 - 19) ☐WK 5 (July 22 - 26) ☐WK 6 (July 29 - Aug 2)
☐WK 7 (Aug 5 - August 9) ☐WK 8 (August 12 - 16) ☐FULL TIME CAMPER

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 Infectious	☐	☐	Other_____	☐	☐
Illness						**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:

Mail To: JCA, 60 South River Street, Wilkes Barre, PA 18702