

2019 MEDICAL FORM FOR JCC DAY CAMP

Return no later than June 4, 2019 to: JCC, 613 S.J. Strauss Lane, Kingston, PA 18704

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 I : _____ 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	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	Hemia	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Drug	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
			Infectious					
Illness						Operations		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>			

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*) **1** / / **2** / / **or Measles Serology: Date** _____ **Blood Titer** _____

*Must be administered at age 12 mos. or older

German Measles (Rubella*) **1** / / **2** / / **or Rubella Serology: Date** _____ **Blood Titer** _____

*Must be administered at age 12 mos. or older

Mumps **1** / / **2** / / **or Mumps disease diagnosed by a physician at** ____/____/____

*Must be administered at age 12 mos. or older

Hepatitis B Vaccine **1** / / **2** / / **3** / / **Chicken Pox Vaccine Yes** ____ **No** ____

*Not Required By Law

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: _____