



(Please Check Appropriate Box)

Camper Staff Member

Grade entering September:

Name _____ Birthdate ____/____/____ Age ____
 Male Female
 Last First Middle

Home Address _____ Home Phone: _____
 (____) _____ - _____
 Street & Number City State Zip

Parent or Guardian: Name _____ Cell (____) _____ - _____ Work
 (____) _____ - _____

Parent or Guardian: Name _____ Cell (____) _____ - _____ Work
 (____) _____ - _____

Emergency Contact: Name _____ Phone (____) _____ Relationship: _____
 (not parent or guardian)
 Name _____ Phone (____) _____
 Relationship: _____

Family Physician/Pediatrician: _____ Phone (____) _____

Dentist: _____ Phone (____) _____ **Orthodontist:** _____ Phone (____) _____

Health History: (Check - giving approximate dates)

Insect Sting Allergy _____ Hay Fever _____ Food Allergy _____
 Drug Allergy _____ Convulsions _____ Diabetes _____ Asthma _____
 Other _____

Has camper been diagnosed with ADD or ADHD? ____ If Yes...Is camper currently on medication? ____ *Name & dosage: _____

Will camper remain on medication during summer? _____ (If No - YOU MUST call camp to discuss.)

Operations or Serious Injuries (Dates)

Chronic or Recurring Illness _____

Any Specific Activities to be Restricted?

Important: You must notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to the start of camp.

*****Please list all medications taken daily, both prescription and non-prescription taken at home: (use an additional page if needed)**

MEDICATION: _____ **DOSAGE:** _____ **TIMES:** _____

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PARENT/GUARDIAN OR SELF AUTHORIZATION: (THIS FORM MUST BE SIGNED BEFORE ADMITTANCE TO CAMP.)

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 the examining physician and me. 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, anesthesia or surgery for my child as named above.

☞ **Parent/Guardian Signature: x** _____ **Print Name:** _____

(Self if 18 or Over)

I also give my permission for the Health Department to administer Tylenol, Advil, Motrin or Benadryl as needed.

☞ **Parent/Guardian Signature: x** _____
Date: _____/_____/_____

(Self if 18 or Over)

Camper/Staff Member Name: _____
JCC MetroWest

To be filled out by physician

Immunization History -- MUST BE ATTACHED WITH PHYSICIAN'S STAMP

Provisional Admission Attached Medical Exemption Attached Religious Exemption Attached
(Date granted)

*** Immunizations must have month, date and year
**** If do not have Pertussis Vaccine - must be on doctors letterhead - as per ACIT or Redbook guidelines.

***Medical Examination: (To be filled out by licensed physician)**
This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this time is acceptable. Examination is for determining fitness to engage in strenuous activity.

Code:	- Satisfactory	X Not Satisfactory (Explain)	O Not examined
Hgt: _____	Wt. _____	B.P. _____	Hgb. Test _____
Urinalysis _____			
Eyes _____			
Extremities _____			
Lungs _____		Posture (spine) _____	
Ears _____			
Skin _____			
Nose _____			
Abdomen _____			
Throat _____			
Teeth _____			
Heart _____		General _____	
Appraisal _____			

Allergy (circle one): DRUG FOOD INSECT (please specify) _____

(For Girls and Women) Has this person menstruated? _____ If not, has she been told about it?
If so, is her menstrual history normal? _____ Special Considerations _____

Recommendations and restrictions while in camp
Special _____
Diet _____

Medicine currently taking (names) _____ Is parent sending? _____

Swimming, Diving _____

Strenuous Activity _____

Other _____

Examining Physician Signature: _____
Date: ____/____/____
Full Address: _____ Phone: (____) _____

STATE OF NEW JERSEY REQUIREMENTS FOR ADMINISTERING PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS

1. Medication shall be administered only after receipt of written permission from the child's parent with time and dosage information.
2. Medications **MUST BE IN ORIGINAL PACKAGING, WHETHER THE MEDICATION IS PRESCRIPTION or NON-PRESCRIPTION.**
3. Medication must be labeled with the child's name, the name of the medication, the date prescribed, and directions for administration. (If requested, unused medication will be returned to parent when no longer being used).

Camp Deeny Riback requires that medication being given for an extended period of time remain at camp. Please measure out what you will need at home and send us what is needed at camp in the original container. This ensures that we will not forget to send the medicine home at the end of the day and you will not forget to send it in the next day.

*Please send in dosage cup or spoon, as regular teaspoons are not an accurate measurement for medications.



For Your Child's Health and Well Being MEDICAL CONSENT FORM

We ask your cooperation in helping us to provide a camp environment which promotes good health and well being. The following guidelines, which outline the average time and specific conditions under which an illness may be communicable, will be helpful when deciding if you should send your child to camp. If you have questions or concerns beyond these guidelines, please consult your physician and follow his/her recommendations.

COLDS – it is not possible to clinically determine the specific virus causing a cold. The period of infectiousness of different cold viruses range from one to three days. The safest course of action is to wait three days after your child contracts a new cold before bringing to camp.

BACTERIAL CONJUNCTIVITIS (PINK-EYE) – once anti-biotic treatment has started, bacterial conjunctivitis is not generally communicable. There is however a second type of conjunctivitis associated with viral infection in epidemic form that is highly contagious for several days. Consult a physician before bringing a child to camp that is ill with conjunctivitis.

STREP THROAT – 24 hours after anti-biotic treatment has started, the child is no longer considered communicable. However, it is important to note that even though the child may not be infectious, children often don't feel well enough to participate in camp after the 24-hour period. Therefore families will need to take into consideration the child's physical condition.

FEVER – after any infection associated with fever over 100 degrees, a child should remain at home until he has been without fever for over 24 hours. Also, note that during early morning hours, a fever will often register as normal, rising again later in the afternoon. It is important to give the child at least a 24-hour period where he is free of elevated temperature before returning to camp.

VOMITING/DIARRHEA – children who have been suffering from vomiting or diarrhea should be given a period of time to regain their strength before returning to camp. Again, a day free from vomiting or diarrhea following such an illness would be best.

COUGHS – Families should be sensitive to the cause of the coughing that the child is experiencing in order to decide whether or not to attend camp.

CHICKEN POX/VARICELLA – This illness is very contagious and the child is contagious from when the cold-like symptoms first start to when the last of the pox is crusted over. Expect the rash to last about 10 days. If all of the pox is crusted, your child is no longer contagious.

Remember that any time you are not sure if your child is well enough to come to camp, the best decision is to stay home. Feel free to call our Health Care Director with any questions!



Please use this form to outline specific instructions for administering medication to your child at camp.

MEDICATIONS: Summer

- Please send medications to camp by giving it to your Bus Counselor or bringing it to the camp office. Call and confirm that we have received the medication. Camp will refrigerate, secure and / or store all medications.
- All medications must be in a properly labeled, original container, with a note specifying dosage, time, and frequency, anticipated duration of treatment and dispensing directions. Pharmacy labels are required on all prescription medications. FYI: You can request two containers from the pharmacist. Please supply sufficient amounts of medication to remain at camp. We will not send medications back and forth each day. At the end of the summer session, we will discard all unused medications or, if requested, we will send home unused medications.
- The Camp Health Care Staff is authorized to administer medication by your signed medical form.
- If you give medication to your child before coming to camp, please inform camp. This ensures that there will be no overmedication if a standing order exists.

Camper's Full Name: _____ **Date:**
_____/_____/_____

Group: _____

Please give my child the following medication(s) daily or as needed:

Medication _____ For _____
Dosage _____ Time _____

Medication _____ For _____
Dosage _____ Time _____

Medication _____ For _____
Dosage _____ Time _____

Medication _____ For _____
Dosage _____ Time _____