

CAMP PARDAS CHANAH
MEDICAL EXAMINATION REPORT

Bunk:
(administrative use only)
Session _____
Bunk _____

Name of camper:		Date of birth:	
Quebec health insurance #: Canadian health insurance #: (ex. OHIP)		Expiry date:	
Address:		City:	Telephone #:
Name of Doctor:		Address:	Telephone #:
1. Has the camper ever had any serious disease? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			
2. Has the camper ever had an operation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please list:			
3. List ALL allergies:			
4. DOES YOUR CHILD HAVE AN EPIPEN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Why? _____ Please read instructions below. *If your child has an Epipen: you must send 2 Epipens and Benadryl with specific instructions. Please do not forget to check all expiry dates and appropriate dosages on these items. As well, please send along a pouch in which these medications will be carried at all times by your daughter on and off camp grounds.			
5. List all medications being taken: Purpose of this/these medications: Is medication self administered or requires the nurse to administer? <input type="checkbox"/> Self <input type="checkbox"/> Nurse			
6. List any over-the-counter drugs child is not allowed to take:			
7. Has there been any significant illness in the past 12 months. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
8. Has there been any contact with Hepatitis or other communicable diseases in the last 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list: Has any vaccine been given? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which? _____ Date: _____			
9. Date of last Tetanus booster:			
10. Are there restrictions in:	Swimming: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hiking: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sports: <input type="checkbox"/> Yes <input type="checkbox"/> No		Other?
11. Does your child have a history of bedwetting in the last 12 months? <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> None If frequent or occasional, send plastic mattress cover, additional sheets and if necessary, medication. Help spare your child any embarrassment.			
12. Does your child have any history of Asthma in the last 1-5 years <input type="checkbox"/> No <input type="checkbox"/> Yes if yes please supply medication/puffer			
13. Physical condition:	Height		Weight
	In satisfactory health: <input type="checkbox"/> Yes <input type="checkbox"/> No Problems?		
14. In case of Emergency call:			
15. Signature of examining doctor:			
16. I hereby authorize the Camp administration to use outside medical, surgical or dental aid, if necessary, for which I will reimburse camp. I also authorize the nurse/camp to give my child over-the-counter medicine(such as Tylenol, cough medicine, antihistamines, etc...) if necessary. *****REGISTRATION PROCESS IS NOT COMPLETE WITHOUT THE MEDICAL FORM *****THIS FORM MAY NOT BE FILLED OUT BY A CAMPER.			
Signature of parent:			

***Please have your child checked and, if necessary, treated for head lice PRIOR to camp, in order to avoid unnecessary embarrassment. A fee will be charged by camp for the treatment of any case of head lice found.**

Medical Insurance Information

Camp Pardas Chanah can no longer provide travel medical insurance. Therefore, Please provide Camp Pardas Chanah with your daughter's medical insurance information.

Quebec Campers: Provide Medicare # on medical form and a clear and a clear copy of Medicare card.

Canadian Campers: Provide Camp with your Provincial medicare card # on the medical form.

American Campers:

Please submit proof of insurance coverage.

If you do not have an insurance plan that covers doctors and hospital, you can call Noach Heiman at 718-387-2114 and he will provide you with the necessary insurance for a minimum fee.

Parent/Guardian agrees to reimburse Camp Pardas Chanah for any medical expenses incurred on behalf of the above-mentioned camper.

All campers that are not Quebec Residents

There will be a charge for each visit to the doctor including those in the Doctors clinic or on camp grounds. Your credit card on file will be charged, and documentation for your insurance claim will be sent to you.

Please provide Credit Card #. (Parents will be informed before the card is processed.)

Visa Mastercard # _____

exp. _____

.

Parents Signature: _____