

**CAMP PARDAS CHANAH MEDICAL- EXAMINATION REPORT**

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**If your doctor has given you a computerized report, please copy the necessary info into this form.**

Name of Camper:	Session attending	Date of birth:
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Canadian Health Insurance number	Expiry Date:
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Address:	Phone #
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Name of Doctor	Phone #
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1. Has the camper ever had any serious disease?	<input type="radio"/> YES <input type="radio"/> NO	If yes, specify	
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2. Has the camper ever had an operation?	<input type="radio"/> YES <input type="radio"/> NO	If yes, specify	
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3. List all allergies:	
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4 A. Does your child have an epipen?	<input type="radio"/> YES <input type="radio"/> NO	if yes, why?
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4 B. 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. In addition, please send along a pouch in which these medications and epipen will be carried at all times, on & off camp grounds.

5: List all medications being taken:	
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5A: Purpose of medications	
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5B: Is this medication self administered or requires a nurse to administer?	<input type="radio"/> SELF	<input type="radio"/> NURSE
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6: List any over the counter drugs child is not allowed to take:	
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7: Has there been any significant illness in the past 12 months?	<input type="radio"/> YES <input type="radio"/> NO	If yes, Describe
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8. Has there been any contact with Hepatitis or other communicable diseases in the last 12 months?	<input type="radio"/> YES <input type="radio"/> NO	if yes, list:
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8A Has any vaccine been given?	<input type="radio"/> YES <input type="radio"/> NO	if yes, Which?	Date:
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9: Date of last Tetanus booster?	
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10: Are there any restrictions in?	Swimming?	<input type="radio"/> YES <input type="radio"/> NO	Hiking	<input type="radio"/> YES <input type="radio"/> NO
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Sports	<input type="radio"/> YES <input type="radio"/> NO	Other? specify
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11: Does your child have a history of bed wetting in the past 12 months?	<input type="radio"/> Frequent <input type="radio"/> Occasional <input type="radio"/> None
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11A: 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 with asthma in the last 1-5 years?	<input type="radio"/> YES <input type="radio"/> NO	If yes, please supply medication/puffer
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13: Height:		13a: Weight		13B: In satisfactory Health?	<input type="radio"/> YES <input type="radio"/> NO
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13c: If no, list any problems	
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14: In case of emergency please call	
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15: I hereby authorize Camp administration to use outside medical, surgical or dental aid, if necessary, for which I will reimburse camp. I also authorize camp to give my child over the counter medicine (such as tylenol, cough medicine, antihistamines, etc.) if necessary.

15A: Parental Signature:	16: Doctors Signature:
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**MEDICAL INSURANCE INFORMATION  
PLEASE CHECK APPLICABLE BOXES**

Campers First and Last Name:

**AMERICAN AND OVERSEAS CAMPERS**

Do you have medical insurance for your daughter that will cover doctor visits and hospital visits if necessary

YES

NO

If Yes, Please provide Camp Pardas Chanah with proof of your medical coverage sent in with your child's medical exam form.

If No, You will need to purchase a travel insurance plan for your daughter. No camper will receive a bus pass if this information is not provided. Any travel agent can provide you with this insurance. For your convenience here are two people that can help you with the necessary insurance at a minimal charge. 1. Mr. Noach Heimen 718-387-2114 or 2. [www.campinsurance.com](http://www.campinsurance.com)

**CANADIAN CAMPERS**

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

**The information below applies to all campers except for Quebec Campers**

**INSURANCE PROCEDURE IN CASE OF MEDICAL EMERGENCY OR DOCTOR'S VISIT**

If your child will need to visit a doctor or hospital the following is done

The provided credit card below will be charged. Camp will send the parents all necessary documents & receipts received from the hospital/doctor. You will then contact your insurance and they will advise you as to how they will reimburse you.

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

I authorize any doctor or hospital to charge my Credit Card in the event that my child has to be seen while being a camper at Camp Pardas Chanah.

VISA

MASTERCARD

Credit Card #

EXP

SIGNATURE: