

Camp Judah PART 1 Health Form (Parent/Guardian)

Camp located at: 2970 Kohler Rd.
Varysburg, NY 14167
(585)535-7832

This form **MUST** be accurately completed by all campers or camp staff members and submitted with a registration form. **This form** should be filled out by the camper's parent or guardian. The **Provider form** must be filled out and signed by each camper's personal physician, physician's assistant or certified nurse practitioner, even if your child does not require regular medication. Camp Hickory Hill is located on a hillside and will be physically challenging if your child's mobility is limited or health is otherwise impaired. Please be certain your child is in good health and up to the physical demands upon arrival at camp. We will be unable to safely accommodate some types of medical conditions. Please contact the camp director if you have questions.

Please be advised that we are subject to New York State laws and require the EXACT information requested. Failure to document this information will result in delay of registration of your camper.

Camper's Name _____ Gender _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship to camper _____ Phone _____

Health Insurance Information:

Carrier _____ Policy # _____
Phone # () _____ In whose name? _____

IMMUNIZATIONS - Please attach a copy of immunizations provided by the camper's medical care provider.

Please share any further comments regarding your child's social, emotional, and/or psychological well-being and/or limitations that would be important for the staff to be aware of. This information will only be shared with the pastors, directors, health care personnel and your child's specific counselor.

Required Parent's Authorization: This health form is accurate and the camper herein described has permission to engage in all camp activities, except as noted on this form. In the event that 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 order injection, anesthesia, or surgery for my child as named above. I also authorize the authorized camp health personnel to administer treatment as per standing order protocol and to administer any medications prescribed by my child's personal physician as listed on the Provider Health Form.

Parent/Guardian Signature _____ Relationship _____ Date _____

***IMPORTANT! PLEASE READ:**

Please submit **PROVIDER FORM** to your child's pediatrician for their review and signature. Their signature is required whether your child has medications or not. It allows the camp nurse to give any first aid or other health care to your child in the event it is necessary. Typical school health assessment or sports forms are **NOT** acceptable, as they do not authorize general health care for your child. Please list **ALL** medications (including over the counter or nonprescription drugs) taken regularly. Bring enough medication to last the entire time at camp.

IMPORTANT!! Keep **ALL** medication and supplements in the **original and current packaging/bottle** that identifies the prescribing physician, the name of the medication, the dosage, the frequency of administration and purpose.

CAMP JUDAH 2444 N Main St., Warsaw, NY 14569 Phone: (585)786-2969 Email: campjudah@gmail.com
Regular Fax (except week of camp): (585) 786-8249 Fax during week of camp only: (585) 687-4624