



Dear Parents,

Enclosed please find a **Camp Teumim Mesivta Medical Form**.

Please be sure to schedule an appointment for your son(s) to be examined by his/their doctor. The medical form must be completed, signed and returned to us promptly.

Please be sure to complete and sign all sections of the Medical Form before returning it.

For your convenience we have created this checklist: Please check off each box as you confirm that the appropriate form was completed.

- The **Physicians Examination Form** – must be completed and signed by your child's physician.
- The **Immunization Form** – can be completed by a parent but requires a physician's signature.
- Please be sure to **sign** the **Parent Authorization Form**
- Copies of **Front and Back of Insurance and Prescription Cards** must be attached to the **Parent Authorization Form**.
- If your child will be coming to camp with year-round prescription medication, **a Permission for Administration of Medication Form** must be completed and signed by your Physician.
- Please be sure to **read** and **sign** the **Release of Liability Form**

Required Signatures: Please check off each box as you confirm that the appropriate form was signed.

- Physician's Exam Form – Physician's Signature at the bottom of the page
- Immunization Form – Physician's Signature at the bottom of the page
- Parent Authorization Form – Parent Signature at the bottom of the page
- Permission for Administration of Medication – Physician's Signature towards the bottom of the page *(only necessary if medication is required)*
- Release of Liability – Parent Signature required in the center of the page

All campers and Staff members must have updated immunizations and completed medical forms in the camp office before arriving in camp. **Please DO NOT sent forms up to camp with your son(s).**

Please keep a copy of the completed Medical Form for your records.

Email to: info@campteumimmesivta.com or

Mail completed forms to:

Camp Teumim Mesivta

3 Elderberry Ct.

Lakewood NJ 08701

Release of Liability – please read entirely before signing

In consideration of my minor child/ward _____ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1) The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport(s).
- 2) For myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown – even if arising from the negligence of the releases or others, and assume full responsibility for my child’s participation.
- 3) I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Camp Teumim LLC, a limited liability company formed under the laws of the State of New Jersey, its affiliates, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises use for activity (“Releases”), with respect to any and all injury, disability, death, or loss or damage to person or property, regarding my child and/or arising from his activities, whether arising from negligence of the releases or otherwise, except for willful misconduct, or otherwise to the fullest extent of the law.

I have read this liability form agreement, fully understand their terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent or Guardian _____ Date _____

Applicant's Name

Session

Birth Date

Male Female

Parent Authorization

HEALTH FORM



Place your Medical Insurance card here
FACE UP
 &
 Photocopy

Place your Prescription card here
FACE UP
 &
 Photocopy

Place your Medical Insurance card here
FACE DOWN
 &
 Photocopy

Place your Prescription card here
FACE DOWN
 &
 Photocopy

Authorization Statement

Please read the following statement carefully before signing below.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that part of the Camp experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

New York State requires permission from a parent for their child to carry insect/tick repellent on them.

Your signature below confirms all that's written in this Authorization Statement.

Signature	Date
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Applicant's Name

Session

Birth Date

 Male Female

Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes

Ears

Nose

Throat

Lungs

Heart

Abdomen

Genitalia

Hernia

Extremities Posture

Skin

Neuro

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have.

Immunizations

Are immunizations up to date? Yes No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today Yes No

Applicant's Name

Session

Birth Date

 Male Female

Immunization Form

HEALTH FORM 

Please complete this form and return it to the camp as soon as possible. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or Tdap Diphtheria, tetanus, pertussis	<input type="text"/> mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tetanus, Pertussis booster						<input type="text"/>
MMR Mumps, measles, rubella	<input type="text"/>	<input type="text"/>				<input type="text"/>
IPV Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HIB Haemophilus influenzae type B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PCV Pneumococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Hepatitis A	<input type="text"/>	<input type="text"/>				
Chicken Pox Varicella	<input type="text"/>	<input type="text"/>				
MCV4 Meningococcal meningitis	<input type="text"/>					
H1N1 Swine flu	<input type="text"/>	<input type="text"/>				
Flu shot						<input type="text"/>

If any of the immunizations listed above have not been received, please explain why. Use a second sheet if necessary.

Camp Teumim Mesivta Medical Form

Permission for administration of medication. If your son will not be bringing any medication to camp – this form is not necessary to complete.

Please make a separate copy for each medication your child is taking.

Camper's Name _____ D.O.B. _____ Grade _____
Address _____ Phone # _____

Please Note:

▶ If your child comes to camp with "over-the-counter" medications, try to make sure that they have enough for entire summer. Some of these "unusual" over-the-counter meds are not readily available at upstate pharmacies.

▶ If your child is coming to camp with year-round prescription medication, we must have a note from your doctor detailing the medication prescribed, the dosage, time and frequency it should be taken, as well as the reasons for taking the medication. NO UNLABELED MEDICATION will be dispensed. Verbal information about medication is insufficient.

▶ At the suggestion of our medical staff, allergy medication/shots should be started about a month prior to camp to provide relief during the summer.

Part #1: Physician's Statement

1) Name of Medication _____

2) Dosage amount to be administered _____

3) Frequency time to be administered _____

4) Duration(number of weeks) _____

5) Date when medication should be initiated _____

6) Date when medication should be terminated _____

7) Specific instructions for administering medication(in water/with meals/etc.)

8) Specific instructions for storage of medication

9) Possible reaction to medication(symptoms/side effects/etc.)

Physician's Name _____ Physician's Phone # _____

Physician's Signature _____ Date _____

Part #2 Parent/Guardian's Request/Approval

I hereby authorize Camp Teumim Mesivta personnel to administer this medication to my son(s).

I hereby release Camp Teumim Mesivta from any or all liability arising from the administration of this medication.

Parent/Guardian's Signature _____ Date _____