

Please be sure to complete both sides of the form

Camp Toras Chaim Health Examination Form 2024
(to be signed by physician)

Return by
mail /email
(PDF) Do not
send a JPG

1052 Highland Pl. Woodmere, NY 11598
camptoraschaim@gmail.com

Child's Name _____

Address _____

Date of Birth / / _____

Home Phone: _____

Cell or Bus. (F) _____

Cell or Bus. (M) _____

Emergency Contact Name _____

Relation / Number /

CAMP TORAS CHAIM SUMMER 2024 PLEASE ATTACH FULL IMMUNIZATION

MEDICAL HISTORY

Height _____ Weight _____

Date of Last Physical Exam _____

Is camper currently on medication? _____

Name of medication _____

Dosage _____

Reason _____

Indicate if being treated for the following:

DIABETES _____ SEIZURES _____

HAY FEVER _____

FREQ. STREP THROAT _____

FREQ. EAR INFECTION _____

ASTHMA _____

| MEDICATION ALLERGIES | Please check | COMMENTS |
|----------------------|----------------|----------|
| PENICILLIN | YES ___ NO ___ | |
| OTHER | YES ___ NO ___ | |
| FOODS | YES ___ NO ___ | |
| FOODS | YES ___ NO ___ | |

List date and description of Operations. Serious Illness, Fractures

Chronic or recurring illnesses

Please note any restrictions for Diet, Swimming, Strenuous Activities or other restrictions or limitations:

To the best of my knowledge the information stated above is true and accurate:

Physician's name _____ Address _____

Signature _____ Telephone _____ Date _____

TURN OVER PAGE

To be completed by Parents

Medical Insurance provider Carrier _____

Policy Holder Name and date of Birth _____

Child's relation to Policy holder _____

Identification Number _____

Consent for Medical Treatment

This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted by me and the examining physician.

I hereby give permission to the camp director to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

Child Name _____

Parent (or Guardian) Signature _____

Relation to child _____

Camp Toras Chaim will be taking the 4 & 5 Year old groups bowling on July 25, 2024, transporting them by school bus. All children must wear a Camp Toras Chaim Tee Shirt on the trip. I hereby give permission for my child (ren) _____ to accompany Camp Toras Chaim on this trip.

Signed _____

Print Name _____

Date ____/____/____