



Camper File Checklist 2011

MANDATORY Forms

	<u>Parent Initials</u>	<u>Office Initials</u>
• Camper Health Form	_____	_____
• Copy of Camper Immunizations	_____	_____
• Camper Profile	_____	_____
• Parent Permission	_____	_____
• Pick-up Authorization	_____	_____
• Receipt of Parent Manual	_____	_____

OPTIONAL Forms

• Camp Gear Order Form	_____	_____
• Hot Lunch Order Form	_____	_____
• Challah Order Form	_____	_____
• Early Pick-Up Form	_____	_____
• Request for Medication Form	_____	_____



Camper Health History Form 2011

PAGE

Camper Name: _____

First Middle Last

Male Female Birth Date: _____ Age on arrival at camp: _____

1 of 2

Camper Home Address: _____
 Street Address City/State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship: _____ Cell: _____ Home: _____
 Email: _____

Home Address: _____
 (if different from above) Street Address City/State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship: _____ Cell: _____ Home: _____
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship: _____ Cell: _____ Home: _____

Allergies: NONE **This camper is allergic to:** FOOD MEDICINE OTHER
 (Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: REGULAR DIET VEGETARIAN DIET SPECIAL FOOD NEEDS
 (Please circle one.) (Please describe below.)

Medications: (Please circle one.)
My camper is currently taking medication : YES NO
 (Please list medication including dosage and frequency-prescribed and over the counter-in the space provided.)

Restrictions: Camper can participate without restrictions Camper can participate with the following restrictions or adaptations
 (Please circle one.) (Please describe below.)

Medical Insurance Information:
 This camper is covered by family medical/hospital insurance: YES NO
 Insurance Company _____ Policy Number _____
 Subscriber _____ Insurance Company Phone Number _____

Parent/Guardian Authorization for Health Care:
 This health history is correct and accurately reflects the status of the camper to whom it pertains. The person described has permission to participate in all camp activities except noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has my permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.
Signature of Custodial Parent/Guardian _____ **Relationship to Camper** _____
Date _____



This confidential form is to be filled out by parents of all campers and returned to the camp office no later than Wednesday, June 1, 2011.

This information is used by the camp in its concern for the personal adjustment and development of each child and will be reviewed by Senior Camp Staff only. It is often useful in understanding a problem and being able to deal with situations quickly and beneficially. We hope you will be candid and detailed in your replies as possible.

If you wish to discuss any particular concerns or problems in regards to your child's upcoming summer, please call Audra Martin at (949) 435-3400 ext. 265.

Camper's Name _____

Camp Enrolled: (i.e.: Ruach, Chai, Sporto) _____

Child is attending:

Mini Camp I__ Session I__ Session II__ Session III__

Mini Camp II__

Age ____ Birth Date _____ Grade (as of 9/11)____

Male Female

Address _____ City _____ Zip _____

Phone _____ School _____

Parent's Marital Status: Single__ Married__ Divorced__

Father _____ Occupation _____

Business _____ Phone _____

Mother _____ Occupation _____

Business _____ Phone _____

Other Children and Ages _____

Others in Home _____

Relationship _____

PLEASE COMPLETE NEXT PAGE

CAMPER PROFILE 2011



1. Has your child attended camp before? _____
 Name of Camp(s) _____ How did your child enjoy camp? (activities, counselors, etc.) _____
2. How does your child feel about going to camp? _____

3. What does your child enjoy the most? Least? (interests, hobbies) _____

4. How is your child's adjustment in school? Good ___ Fair ___ Poor ___
5. Is there a particular camper with whom your child would like to be grouped? _____
 (We cannot guarantee this placement but we will attempt to accommodate your request.)
6. Does your child have any special needs? (handicaps, fears, speech problems, difficulties in adjusting to new group situations, physical problems, etc.) _____

7. Have there been any changes in the family situation in the past year (death, separation, divorce, family move, new school, birth, etc.)? _____

8. Is your child experiencing any particular problems? (home, school, etc.) _____

9. Is there anything special you would like to see your child obtain from the camp experience? _____
10. How would you rate your child's swimming abilities?
 Beginner _____ Intermediate _____ Advanced _____
11. Is there any additional information that you feel might be helpful to us in providing your child a meaningful experience this summer? _____

Parent Signature _____ Date _____

Thank you for your time!



Pick-up Authorization Form 2011

We only release campers to those authorized by a parent or guardian. Please list all those you authorize to pick-up your child from camp and print their names clearly.

Please remember that **EVERYONE** must have **I.D.** in order to pick-up a camper.

Camper(s) Name(s): _____

Pick-up #1 _____

Phone # _____

Pick-up #2 _____

Phone # _____

Pick-up #3 _____

Phone # _____

Pick-up #4 _____

Phone # _____



**The Merage Jewish Community Center of Orange County
Camp Haverim Day Camp**

Please sign and return. One per camper please.

Thank you!

Receipt of Parent Manual

I, _____, parent/guardian

of _____ (name of camper) have

read and agree to abide by the policies and conditions set forth in the parent manual of

the Camp Haverim day camp at the Merage Jewish Community Center.

Parent/Guardian Signature

Date