

2012 J-Camp Health History & Consent Form (Grades K–12 only)

A separate form must be completed for each child. Please alert Camp Director to your camper's special needs. This health form should be submitted within 72 hours to confirm registration. The Health History & Consent Form is valid for the entire camp season (January–December 2012). To make updates, please email youth@paloaltojcc.org.

Camper Information

Camper's Name _____ Age _____ Gender M F Birth Date / / _____
Full Address _____
Preferred Phone during camp hours () _____ School Attending (Fall 2012) _____ Grade Entering (Fall 2012) _____

Parent/Guardian Information

Child is in custody of: Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian 1 _____ Relationship to camper _____

Preferred Phone during camp hours: () _____ Work Home Cell

Preferred Phone during camp hours: () _____ Work Home Cell

Parent/Guardian 2 _____ Relationship to camper _____

Preferred Phone during camp hours: () _____ Work Home Cell

Preferred Phone during camp hours: () _____ Work Home Cell

Emergency Contacts with Child Release Authorization

In the case of an emergency, we always try to contact the parent/guardian first. In the event a parent/guardian cannot be reached, we need to have contact information for at least two (preferably three) other friends/relatives. No adults other than those listed as the parent/guardian above or as emergency contacts below will be able to pick your child up from our program without a legibly written, dated and signed note from the parent/guardian. You must send an adult 18 years or older to pick up your child. Photo ID is required for pick-up.

Name _____ Cell Phone () _____ Alternative Phone () _____ Relationship _____

Name _____ Cell Phone () _____ Alternative Phone () _____ Relationship _____

Name _____ Cell Phone () _____ Alternative Phone () _____ Relationship _____

Unauthorized Persons for Child Release (please list any persons **not authorized** to pick-up your child):

Name _____ Relationship _____ Name _____ Relationship _____

Medical Information (Required by State Law) All campers must supply their own medical insurance in order to participate in J-Camp

Medical Insurance Company _____ Policy # _____ Insurance Company Phone () _____

Family Physician _____ Phone () _____ Date of Last Exam / / _____

Family Dentist _____ Phone () _____ Preferred Hospital _____

Allergies

This camper is allergic to: No known allergies Medicine Food Other The environment (stings, hay fever, etc)

Please describe below what the camper is allergic to and the reaction seen:

Diet & Nutrition

This camper has a regular diet This camper has a regular vegetarian diet This camper has a regular kosher diet

This camper has special food needs (describe below)

Please describe your camper's special food needs:

Restrictions/Other:

I authorize the OFJCC staff to apply sunscreen to my camper's exposed skin on an as-needed basis.

I have reviewed the program & activities of J-Camp & feel the camper can participate without restrictions.

I have reviewed the program & activities of J-Camp & feel the camper can participate with the following restrictions/adaptations. (describe below)

Please describe relevant restrictions/adaptations

Please complete both sides.

General Health History Questions Check "Yes" or "No" for each statement. Please explain "Yes" answers below

- | | | | |
|---|--|--|--|
| Ever been hospitalized? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Ever had a fainting or dizzy spell? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Ever had surgery? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Ever had back or joint problems? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Passed out/had chest pain during exercise? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Had a recent infectious disease? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Had a recent injury? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Had seizures? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Had headaches? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have recurrent/chronic illnesses? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Have problems falling asleep/sleepwalking? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have diabetes? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Have a history of bedwetting? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have problems with diarrhea/constipation? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Have any skin problems? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Wear glasses, contacts or protective eyewear? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Traveled outside the country in the past 9 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Had mononucleosis during the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If female, had problems with menstruation? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please explain "YES" answers below. J-Camp may ask for additional information. For travel outside the country, please name countries visited & dates of travel.

Physical, Mental, Emotional & Social Health

- Ever been treated for ADD or ADHD? YES NO
- Ever been treated for emotional or behavioral difficulties or an eating disorder? YES NO

During the past 12 months:

- Has your camper seen a professional to address mental/emotional health concerns? YES NO
- Has your camper had a significant life event that continues to affect the camper's life? YES NO
- Has your camper been treated for any physical conditions requiring medication, treatment or special restrictions/considerations? YES NO

Please explain "YES" answers below. J-Camp may ask for additional information.

Immunization History

- YES NO I attest that all immunizations required for school are up to date in accordance of CA State Law.
- REQUIRED** Please list month/year of tetanus shot: _____ / _____ If you **do not** immunize your child, please initial here: _____

Medication

- This camper will not take any daily medications (prescription or over-the-counter) while attending J-Camp.
- This camper will take the following daily medication while at J-Camp. (Please fill out disbursement authorization below)

Disbursement Authorization:

If your child is currently taking any medications, please complete this section. This includes prescription and over-the-counter medication. For the camper's protection, we cannot allow staff to administer medication without this form. All dosages sent to camp must be in original container with child's name, dosage directions and/or doctor's instructions clearly labeled on package. Dosages will be administered and documented according to directions on the bottle unless a physician directs otherwise. Please provide enough medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for taking it	What time it is given	Amount or dose given	How it is given
			____ : ____ AM/PM		
			____ : ____ AM/PM		
			____ : ____ AM/PM		

Swim Tests

In order to keep your child safe, swim tests will be offered on the first day of recreational swimming during each session and will be available for any new campers who were absent on the first swimming day. Wristbands will be distributed in accordance with skill level and campers should keep the wristband on to avoid retesting. Campers who improve their swim skills are welcome to re-test periodically throughout the session or summer to receive a different level wristband.

Medical Release

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I understand that the OFJCC assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the OFJCC to order x-rays, routine tests, and secure proper treatment, hospitalize, and to order injections and/or anesthesia and/or surgery and emergency treatment for my child as named on this form. This authorization is given pursuant to the provisions of Section 15.8 of the Civil Code of California. This authorization shall remain in effect until the end of camp.

➔ **Parent/Guardian Signature** _____ **Date** _____

If typing my name in the box above, I authorize it to be considered as a signature. I agree to the Medical Release and OFJCC policies and I understand that my signature serves as evidence that I have supplied complete and accurate health information and followed OFJCC policies and guidelines so that my child may participate in camp.