



# JCC Rockland Youth Medical Form J-Land and Sandlot Stars Summer Camps

This form to be completed by parent or guardian. Please attach a copy of your child's most recent physical examination and immunization record. A complete Medical Form must be on file for your child to begin camp.

Camp attending: \_\_\_\_\_ J-Land \_\_\_\_\_ Sandlot

Childs Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

Parent or Guardian 1 \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent or Guardian 2 \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

If Parent, Guardian is not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Health History** Please check all that apply. Write "N/A" for all that does not apply. DO NOT LEAVE BLANK.

Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Asthma _____
	Food _____	

If marked YES to any above, please explain \_\_\_\_\_

Past Illnesses \_\_\_\_\_ Contagious Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization Dates and Reasons \_\_\_\_\_

Chronic or Recurring Illnesses/Conditions \_\_\_\_\_

Yes  No If yes, state type exposure \_\_\_\_\_

Any specific activities to restricted? \_\_\_\_\_

Medications Taken daily \_\_\_\_\_

Appliances Worn (Glasses, etc.) \_\_\_\_\_

**I authorize the following people to pick up my child from camp.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Consent for Emergency Medical Treatment

I do hereby give authority to the JCC Rockland J-Land/Sandlot Stars Summer Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_