



Camp Gan Israel of Bethesda-CC Health History & Medical Release



Please have your child's primary care physician complete the following form and return it as soon as possible. NO CHILD WILL BE ALLOWED TO ATTEND CAMP WITHOUT A COMPLETED MEDICAL RELEASE FROM THE CHILD'S PHYSICIAN.

I) CHILD'S FULL NAME: _____ DATE OF BIRTH: _____

NAME OF PRIMARY CARE PHYSICIAN/PRACTICE: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S PHONE #: _____ SECONDARY #: _____

II) PAST OR PRESENT CONDITIONS, ALLERGIES, ILLNESS(ES) AND/OR INJURIES OR SURGERY:

III) MEDICATION(S) CURRENTLY BEING TAKEN (NAME, DOSAGE, CONDITION):

IV) DOES THE CHILD NEED TO BE GIVEN MEDICATION DURING CAMP? IF YES, PLEASE ADVISE EXACT INSTRUCTIONS ON HOW MEDICATION SHOULD BE GIVEN (NAME OF MEDICATION, AMOUNT, NUMBER OF PILLS, TIMES, SIDE EFFECTS, RESTRICTIONS, ETC.):

V) PLEASE ATTACH COPY OF IMMUNIZATIONS: DPT, MMR, TB, HIB, TETANUS, HEP B, POLIO (TOPV), CHICKEN POX.

VI) ON THE BASIS OF PAST MEDICAL EXAMS AND THE CHILD'S HISTORY, IS THERE ANY MEDICAL REASON WHY THIS CHILD SHOULD NOT PARTICIPATE IN ALL CAMP SPORTS, TRIPS AND ACTIVITIES? _____ IF YES, PLEASE EXPLAIN:

VII) I HAVE EXAMINED THE ABOVE CAMP APPLICANT WITHIN THE PAST YEAR. ALL INFORMATION LISTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PHYSICIAN: _____ DATE: _____

NAME OF PHYSICIAN (PLEASE PRINT): _____