



DAY CAMP HEALTH INFORMATION FORM
Jewish Community Center of Houston

Office Use only: Entered \_\_\_\_\_

Completed Form due June 1

Child's Name \_\_\_\_\_ Membership # \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M [ ] F [ ] Home Phone \_\_\_\_\_

Name of the camp(s) that camper is registered: Pre-camp I & II \_\_\_\_\_

Session: I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_

Allergies (check if apply)

- [ ] Insect stings
[ ] Poison Ivy
[ ] Hay Fever
[ ] Penicillin
[ ] Foods
[ ] Other

Diseases (Dates Mo/Yr)

- Chicken Pox \_\_\_\_/\_\_\_\_/\_\_\_\_
German measles \_\_\_\_/\_\_\_\_/\_\_\_\_
Measles \_\_\_\_/\_\_\_\_/\_\_\_\_
Mumps \_\_\_\_/\_\_\_\_/\_\_\_\_
Asthma \_\_\_\_/\_\_\_\_/\_\_\_\_
Other \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if Apply:

- [ ] Diabetes
[ ] Convulsions
[ ] ADD/ADHD
[ ] Operations \*
[ ] Serious Injury \*
\*Dates

Immunization History:

Table with 3 columns: Immunization, Day/Mo/Yr, Day/Mo/Yr. Rows include DTP, Polio, Oral, IV, Mumps, Measles, Rubella.

What source was used for above Immunization Records? \_\_\_\_\_

Is child currently on medication: [ ] No [ ] Yes Specify \_\_\_\_\_

Will medication be sent to camp? [ ] No [ ] Yes

Food Allergies or Special Dietary Needs: \_\_\_\_\_

Type of allergic reaction: \_\_\_\_\_

Check any activities which should be RESTRICTED:

- [ ] Strenuous Activity [ ] Swimming/Diving [ ] Sports

Please list any other health related information that we need to know to more effectively work with your child: \_\_\_\_\_

I give permission for my child to take part in all activities including transportation and field trips away from camp. In the event of accident or emergency, and my child's physician is not available, I, hereby, grant permission to call another licensed physician. I authorize the JCC Camp Staff to act for me according to their best judgment.

The above health history is correct to the best of my knowledge. I have fully disclosed any and all health related information of which I am aware.

Parent/Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_\_

YOU MAY FAX THIS FORM TO: DAY CAMP OFFICE, 713.551.7223