

JCC Camps at Medford - Camper Health Form

Camper Information

Camp Attending: ___Kefli ___ Hilltop ___Shalom ___Aaron ___Chaverim ___CIT ___ OH/OD

Camper's Name: _____ Gender: ___ M ___F

Birthdate: ___/___/___ Grade Entering in Fall: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper lives with: ___ both parents ___mother ___father ___other (please attach note of explanation)

Emergency Contacts

Parent/Guardian Name: _____ (H)Phone: _____ (W)Phone: _____ (Cell): _____

Parent/Guardian Name: _____ (H)Phone: _____ (W)Phone: _____ (Cell): _____

Addtl. Contact Name: _____ Relationship: _____ Phone: _____ (Cell): _____

Addtl. Contact Name: _____ Relationship: _____ Phone: _____ (Cell): _____

Health History

(please check where appropriate and explain "Yes" answers)

	Yes	No		Yes	No
Vision problems (i.e.: wears glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Kidney and/or urinary track problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing deficiency	<input type="checkbox"/>	<input type="checkbox"/>	Heart problem (i.e.: murmur, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Asthma or reactive airway disease	<input type="checkbox"/>	<input type="checkbox"/>
Seizures or other epileptic symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Recent or recurring serious injuries	<input type="checkbox"/>	<input type="checkbox"/>	Stomach and/or intestinal problems	<input type="checkbox"/>	<input type="checkbox"/>
Recent or chronic serious illnesses	<input type="checkbox"/>	<input type="checkbox"/>	Special dietary considerations	<input type="checkbox"/>	<input type="checkbox"/>
Operations	<input type="checkbox"/>	<input type="checkbox"/>	ADD	<input type="checkbox"/>	<input type="checkbox"/>
Physical limitations	<input type="checkbox"/>	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/emotional problems or fears	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all "Yes" answers: _____

Medications

(please list ALL medications, prescribed and over-the-counter that your child is currently taking)

**If your child needs medication while at camp, including Tylenol or Advil, you must complete our medication authorization form, which requires a doctor's signature.

Immunizations

**Please attach a copy of your child's immunization records.
Health forms cannot be accepted without this information attached.**

Camper's Name: _____

Allergies . _____ No known allergies (please continue to the next section)

Food Allergies: (please check all that apply)

___ Dairy (specify) ___ Nuts (specify) ___ Wheat Products (specify)
___ Fish ___ Eggs ___ Other (specify)

Describe reaction and management: _____

Medication Allergies: (list and describe reaction and management) _____

Environmental Allergies: (please check all that apply) ___ Insect stings ___ Hay fever ___ Animals ___ Other

Describe reaction and management: _____

Restrictions .

___ I have reviewed the programs and activities of the camp and feel that the above named camper can participate without restrictions.

___ I have reviewed the programs and activities of the camp and feel that the above named camper can participate with the following restrictions. (please describe restrictions and list specific activities to be avoided or to participate with limitations.)

Physical Exam . (physical exams are required within **24 months** of camp attendance)

_____ Please list the date of the last physical exam.

Name of Physician: _____ Phone #: _____

Name of Dentist: _____ Phone #: _____

Parent Permission .

The information and health history provided on this form is accurate to the best of my knowledge. The camp and camp employees shall be held harmless for any omission or incorrect medical information provided. The person herein named has permission to engage in all camp activities except as noted. It is my intention that the camp be treated as acting in loco parentis if the person named is a minor. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. This completed form may be photocopied for trips out of camp.

Parent's Signature: _____ **Date:** _____

(Reminder: This form is not complete without attached copy of immunization records)

JCC Camps at Medford

Confidential Camper Intake Form

Please help us ensure that your camper has a successful summer experience by filling out this intake form. This information is kept in **STRICT CONFIDENCE**. Please return this form to the CAMP OFFICE, 1301 Springdale Road, Cherry Hill, NJ 08003 no later than May 1st. Please feel free to discuss any of the questions raised in this form with the camp staff at 856-751-1666. Thank you.

Please DO NOT list bunk requests on this form.
Contact the camp office with any requests prior to May 1st.

Camper's name: _____ Sex: _____ Grade entering next fall: _____

Name of parent /guardian completing form: _____

Circle one: Kefli Hilltop Shalom Aaron Chaverim CIT

Camper age as of 7/1 (yrs/mo): _____ School: _____

Parents' marital status: _____ # of siblings in household: _____

1. Has your child had a summer camp experience before? _____ If yes, where? _____

2. Have there been any changes in the family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) What effect did it have on your child? _____

3. Is your child or the family receiving any special help with emotional concerns or behavior at school or home (psychiatrist, counselor, social worker, etc.)? _____

4. Does your child have any allergies or health issues that we should be aware of? _____

5. Has your child been identified as needing support or supplemental services, during the school year, in any of the following areas?

academic personal/social language speech OT

health (i.e.- diabetes, peanut allergy) emotional (i.e.- anxiety, fears)

behavioral (i.e.- impulsivity, ADD/ADHD)

Please describe the nature of these services: _____

Does your child have an IEP or 504 plan? _____

6. Do you have any specific concerns? Please explain: _____

7. Is there anything else you would like us to know about your child that will aide us in helping him/her have a fun, well adjusted summer? _____

Should a Division Head need to contact you during the summer, please provide us with the following information:

Name of Parent/ Guardian: _____ Relation to camper: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

Name of Parent/ Guardian: _____ Relation to camper: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

*Please return this form by May 1st to the JCC Camp Office,
1301 Springdale Road, Cherry Hill, NJ 08003
or fax to: 856-489-8230*

JCC Camps at Medford Medication Policy and Guidelines

The JCC Camps, in keeping with N.J. State regulations, has established the following policies and procedures regarding the administration of medication during the camp day.

Medications shall include all over the counter (non-prescription) medications as well as medications available only by prescription. All medications will be kept in the camp nursing office. No medications are to be kept or administered by campers or counselors. Exceptions are campers who are approved for self-administration by our nursing staff and your physician.

Each medication must be properly labeled. **Pharmacy labels are required for all prescriptions.** You can request your pharmacist to place each prescription medication into two (2) labeled containers: one for the camp nurse and one for home use. Over the counter medication must be sent in the original container with the camper's name written on it.

Medications are to be turned into the camp nursing staff along with the Medication Permission Authorization forms. **The forms must be completed and must include signatures by both parent/guardian and physician as well as a physician's stamp.** Medications will not be administered without a completed form.

All medications and Medication Permission Authorization forms (except medications for late stays and overnights) are to be turned in prior to the beginning of camp.

You must drop off your camper's medication to our nurses on one of the following dates:

Katz JCC - Cherry Hill	Thursday, June 14, 2012	4 PM – 7 PM
Katz JCC - Cherry Hill	Tuesday, June 19, 2012	4 PM – 7 PM
Katz JCC – Cherry Hill	Thursday, June 21, 2012	4 PM – 7 PM

Please make sure you have the medication permission form completed and signed by your physician to hand in at that time. **Medications and forms are to be handed in together. Neither medications nor forms will be accepted separately.**

Unfortunately, we are NOT able to accept medications the Sunday prior to camp because of the tremendous volume of parents needing to meet with the nurses to discuss medical issues. We also need to make sure we have sufficient time to log our medications correctly prior to camp beginning. Thank you for your understanding and cooperation in adhering to the 3 dates listed above.

**JCC Camps at Medford
Medication Permission Authorization Form**

Camper's Name: _____

Camp: _____

Age: _____

Grade Entering: _____

Bunk: _____

*Medication: _____ Dosage: (indicate in mg) _____ Frequency _____

Reason for medication: _____ Time to be given: _____

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Reason for medication: _____ Time to be given: _____

*Medication: _____ Dosage: (indicate in mg) _____ Frequency _____

Reason for medication: _____ Time to be given: _____

*Medication: _____ Dosage: (indicate in mg) _____ Frequency _____

Reason for medication: _____ Time to be given: _____

Parent Signature: _____ **Date:** _____

Home phone #: _____ **Work #:** _____ **Cell#:** _____

Physician Signature: _____ **Date:** _____

Office phone #: _____

Physician Comments: _____

Physician Stamp:

*** Please refer to our medication policy and guidelines for dates to submit medication to the camp nurses.**

FOR OFFICE USE ONLY:

Bunk # _____

Bus # _____

JCC Camps at Medford Food Allergy Information Form (pg. 1 of 2)

We are busy planning for a great summer. As always, safety is our number one priority. We need your help to make your child's experience both fun and safe.

Please complete the form below only if your child has a **medically diagnosed food allergy** or if you have a food allergy concern. Our nurses will review this form and share the information with our cooking specialists who will use this to plan and prepare lessons.

If your child has a nut/peanut allergy, please read the Nut/Peanut Allergy policy on the back of this form and sign the **Acknowledgement and Consent**.

In addition, your child's Division Head will use this information to plan for camp wide special events, such as Israel Day, and for bunk parties. This information will be kept confidential and only provided to appropriate staff on a need to know basis.

Please return this form to us **by June 1st**.

Camper Name: _____ Grade Entering: _____

Parent/Guardian Name: _____ Phone #: _____ Cell #: _____

Food Allergy (1): _____

Reaction to:
Ingestion _____

Touch _____

Smell _____

Food Allergy (2): _____

Reaction to:
Ingestion _____

Touch _____

Smell _____

Food Allergy (3): _____

Reaction to:
Ingestion _____

Touch _____

Smell _____

Food Allergy Information Form (pg. 2 of 2)

Camper Name: _____

1) Will your child need to eat lunch:

_____ in a peanut aware area
(at covered outside area)

_____ in the lunch room
(where peanut butter is served daily)

_____ in the lunch room at a peanut aware table
(where peanut butter is served daily but not
at this table)

2) Can your child eat a recipe made with egg substitute:

_____ Yes _____ No

3) Will you be sending an Epi-Pen to be kept in the nursing office:

_____ Yes _____ No

4) Will you be sending a 2nd Epi-Pen to travel back and forth on the bus each day:

_____ Yes _____ No

5) Is there a history of an anaphylactic reaction:

_____ Yes _____ No

If yes, please explain: _____

6) Emergency Medical Instructions: _____

7) Are there specific products that you use at home that may be helpful in our cooking specialty areas at camp?

Completed by: _____ Signature _____ Date: _____

**Please return this form by June 1st to JCC Camps at Medford, Attn: Health Services,
1301 Springdale Road, Cherry Hill, NJ 08003 or fax to 856-489-8230.**

NUT/PEANUT ALLERGY POLICY – JCC CAMPS AT MEDFORD

The JCC Camps at Medford recognizes the number of children with peanut allergies, and the severity of the allergies. With that in mind, it created the following policies and procedures, which were recommended by the Camp Committee and were approved by the legal counsel of the Jewish Federation of Southern New Jersey.

1) The JCC Camps at Medford Medication Policy states that all medications must be kept in the nursing office and are not to be stored with or kept by individual campers or counselors. This policy applies to both prescription and non-prescription items including epipens and needles.

2) While in Camp, all medical emergencies are handled by the Camp Nursing office. They can be reached via telephone and walkie talkie, and have their own golf cart to utilize if they need to get somewhere quickly. As stated above, counselors or other staff are not permitted to carry epipens at any time.

3) Lunch – In the event that a camper's allergy is too severe to eat in the Conference Center, Camp will make reasonable accommodations to provide an alternate location for the camper.

4) Transportation – Camp has a "peanut aware" bus that serves as an express bus between the Katz JCC and Camp and is the only bus with a bus counselor permitted and trained to administer an epipen. A letter goes to all parents on that bus to explain what is a Peanut Aware Bus. Camp does its reasonable best to provide for the safest possible environment, but cannot guarantee a peanut free environment. In the event of an emergency while on the bus, camp policy calls for the Camp bus to proceed directly to contact EMS immediately. As stated above, bus counselors or other staff are not permitted to carry epipens at any time, unless given permission by the Camp Director.

ACKNOWLEDGMENT AND CONSENT

The undersigned hereby acknowledges that the undersigned has received, read and understands the Nut/Peanut Allergy Policy of the JCC Camps at Medford and hereby consents and agrees to same.

Parent /Guardian Signature

Date