2018 MEDICAL FORM FOR JCC DAY CAMP

Return no later than June 4, 2018 to: JCA, 60 South River Street, Wilkes-Barre, PA 18702-2493

☐ Little Menschen (Ages 2-3) ☐ K'Ton Ton (Ages 4-6) ☐ Nagila (Grades 2-4) ☐ Campers (July 9-Aug 3) ☐ Mitzvah (Grades 5-7) ☐ CIT (Grades 8-9 June 25-Aug 3)

Please select the weeks attending:

☐ WK 1 (June 18 - 22) ☐ WK 2 (June 25 - 29) ☐ WK 3 (July 2-6 No Camp July 4) ☐ WK 4 (July 9 - 13) ☐ WK 5 (July 16 - 20) ☐ WK 6 (July 23 - 27)

☐ WK 7 (July 30 - August 3) ☐ WK 8 (August 6 - 10) ☐ FULL TIME CAMPER

Camper's Name: ______________________________ Sex: M ☐ F ☐

Last *First* *Middle*

Home Address ______________________________ Date of Birth ______ / ______ / ______

Parent/Guardian II: ______ Home Phone: ______ Cell Phone: ______ Business Phone: ______

Address: ______ Email ______

Parent/Guardian II: ______ Home Phone: ______ Cell Phone: ______ Business Phone: ______

Address: ______ Email ______

IN AN EMERGENCY, CAMP STAFF SHOULD NOTIFY, IN ORDER OF PREFERENCE (include parents' name if applicable):

1. Name: ______ Relationship: ______ Day Phone: ______ Cell Phone: ______

2. Name: ______ Relationship: ______ Day Phone: ______ Cell Phone: ______

Congenital defects	Yes	No		Yes	No		Yes	No
Allergies								
Seasonal	☐	☐	Measles	☐	☐	Hemophilia	☐	☐
Food	☐	☐	Hemia	☐	☐	Tuberculosis	☐	☐
Drug	☐	☐	Infectious Hepatitis	☐	☐	Whooping cough	☐	☐
Other	☐	☐	Meningitis	☐	☐	Other ______	☐	☐
Illness			Infectiious			**Operations**		
Asthma	☐	☐	Mononucleosis	☐	☐	Appendectomy	☐	☐
Chicken Pox	☐	☐	Mumps	☐	☐	Tonsillectomy	☐	☐
Diabetes	☐	☐	Pneumonia	☐	☐	Other ______	☐	☐
Epilepsy	☐	☐	Poliomyelitis	☐	☐	**Fractures**	☐	☐
Encephalitis	☐	☐	Rheumatic Fever	☐	☐	**Blood Transfusions**	☐	☐
German Measles	☐	☐	Scarlet Fever	☐	☐		☐	☐

Immunization record. Enter month/day/year.

Diphtheria-Tetanus-Pertussis DTP 1 / / 2 / / 3 / / 4 / / 5 / /

Or Diphtheria-Tetanus (DT) 1 / / 2 / / 3 / / 4 / / 5 / /

Measles (Rubeola or Red*) 1 / / 2 / / **or Measles Serology: Date ______ Blood Titer ______**
*Must be administered at age 12 mos. or older

German Measles (Rubella*) 1 / / 2 / / **or Rubella Serology: Date ______ Blood Titer ______**
*Must be administered at age 12 mos. or older

Mumps 1 / / 2 / / **or Mumps disease diagnosed by a physician at** ______ / ______ / ______
*Must be administered at age 12 mos. or older

Hepatitis B Vaccine 1 / / 2 / / 3 / / **Chicken Pox Vaccine Yes ______ No ______**
*Not Required By Law

If child is presently taking medication, please list below. NOTE: All medicine must be labeled with a written instruction sheet and signed by guardian.

____

____

Physician's Signature: ______________________________

Phone: ______ Name of Insurance Company: ______

Signature of Parent/Guardian: ______ Cell Phone: ______

E-Mail Address: ______________________________

Name & Phone Number of Pediatrician: ______________________________