



CAMP GAN ISRAEL – 2021

JOHNS CREEK/ALPHARETTA, GEORGIA



B”H

MEDICAL FORM

Kiddie camp (2-4 year olds) Regular camp (5-11)

1. Camper information			
Last Name	First	D.O.B. ____/____/____	Age
Address		City/State/Zip	
2. Parent Information			
Fathers name	Work	Cell	
Mothers name	Work	Cell	
3. Emergency Contact Information			
Emergency Contact 1 - Name	Home phone	Cell Phone	Relationship
Emergency Contact 2 - Name	Home phone	Cell Phone	Relationship
Physician or Medical Facility	phone	Address	
4. Health History			
List any serious illnesses within the past six months:			
Does your child have any allergies? ___ Yes ___ No If yes please describe them and indicate precautions or care needed			
Does your child take any medications? ___ Yes ___ No If yes please describe them and indicate precautions or care needed			
Does your child have a history of ___ Physical handicaps ___ Rheumatic fever ___ Heart problems ___ Seizures ___ Asthma ___ Diabetes ___ Other conditions (describe) _____			
If you checked any of these items please describe any special emergency care instructions or other information needed by the child's care staff/provider.			
5. Consent			
In the event of an emergency, serous illness, or accident , Camp Gan Israel/Chabad of North Fulton has my permission to arrange for any necessary first-aid or care by a licensed physician for my child/ren while he/she is attending camp.			
By signing this form I agree to the Covid guidelines and understand that my registration is not complete until I sign the Covid waivers online.			
Signature			Date

Please return along with the camp application form