

EMERGENCY INFORMATION



To complete this form electronically, before filling it in, you must first download and save it on your computer.

For Returning Campers

If your child is a returning camper and all of the information below is unchanged from last summer, you need only fill in your child's name, birthdate, your signature, today's date, and check this box:

This is to confirm that my child's emergency information is unchanged from last summer.

Child's Full Name _____ Birth Date (MM/DD/YY) ____/____/____

Child's Home Address _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Parent Information

Father's name _____

Home Address, *if different from child* _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name of Employer _____ Days and hours of work _____

Employer's Address _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell/Pager Phone # ____-____-____

Mother's name _____

Home Address, *if different from child* _____
Street/Apt.# _____ City _____ State _____ Zip Code _____

Name of Employer _____ Days and hours of work _____

Employer's Address _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell/Pager Phone # ____-____-____

Person Authorized to Pick Up Child daily, *if different from parents*

Name _____ Relationship to child _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell/Pager Phone # ____-____-____

When parents cannot be reached, list at least two LOCAL persons who may be contacted to pick up the child in an emergency:

1. Name _____ Relationship to Child _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell/Pager Phone # ____-____-____

2. Name _____ Relationship to Child _____

Home Phone # ____-____-____ Work Phone # ____-____-____ Cell/Pager Phone # ____-____-____

TRIP PERMISSION AND MEDICAL RELEASE

I give permission for my child to attend all trips with Camp Gan Israel, and to the administration of Camp Gan Israel to take whatever measures they deem necessary for the care of my child in the case of an emergency.

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at Camp Gan Israel to have your child transported to that hospital.

Signature of Parent or Guardian _____ Date (MM/DD/YY) ____/____/____

MEDICAL INFORMATION
To be completed by parent or legal guardian

Child's Physician _____ Phone # _____ - _____ - _____

Address _____
Street/Suite # _____ City _____ State _____ Zip Code _____

Child's Dentist _____ Phone # _____ - _____ - _____

Address _____
Street/Suite # _____ City _____ State _____ Zip Code _____

Food allergies _____

Seasonal allergies _____

Drug allergies _____

Other allergies _____

Does your child have any health problems which might limit physical activity? If yes, please explain:

Does your child take any medications? If yes, please complete (if extra space is needed, please attach a separate paper):

1. Signs/symptoms to look for

2. If signs/symptoms appear, do this

3. To prevent incidents, do this