



Camp JCC Camper Health Information Form

Camper's Name:

Lodging:

Camper and Parent/Guardian Biographical Information

Camper	Date of Birth	Gender	Grade in Fall	Lodging
Home Address		City	State	Zip Code
Primary Contact	Relationship to Camper	Primary Phone Number	Alternate Phone Number	
Address		City	State	Zip Code
Email Address		Work/School Name	Work/School Phone Number	
Secondary Contact	Relationship to Camper	Primary Phone Number	Alternate Phone Number	
Address		City	State	Zip Code
Email Address		Work/School Name	Work/School Phone Number	

Emergency Contacts & Transportation Permission

Emergency Contact 1	Relationship to Camper	Primary Phone Number	Alternate Phone Number
Emergency Contact 2	Relationship to Camper	Primary Phone Number	Alternate Phone Number

Does Camp JCC of Youngstown have permission to secure emergency transportation for your child in the event of an illness or injury which requires emergency treatment?
The emergency transportation service will determine the facility to which your child will be transported.

Camp JCC of Youngstown HAS PERMISSION

Camp JCC of Youngstown DOES NOT HAVE PERMISSION

Camper's Name:

Group:

Emergency Medical Information

Camper's PCP	Phone Number	Address	City	State
Preferred Hospital				
Insurance Company	Policy Number	Plan Subscriber	Company Phone Number	

Allergy Information

Allergy Type(s):	What the camper is allergic to, the reaction seen, and the steps to be taken if the camper has a reaction:

Dietary Information

Dietary Restriction(s):	Additional information:

Immunization History

Because Camp JCC, like all camps, has a potential for communicable diseases, we recommend that campers are appropriately immunized for, at minimum, the following diseases:

Tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria.

Camper is vaccinated for the diseases listed above

Camper is NOT vaccinated for the diseases listed above

Date of camper's last tetanus booster (dt or Tdap):

Camper's Name:

Group:

General Health History

Has/does the camper:

Ever been hospitalized?	<input type="radio"/> Yes <input type="radio"/> No	Have diabetes?	<input type="radio"/> Yes <input type="radio"/> No
Ever had surgery?	<input type="radio"/> Yes <input type="radio"/> No	Had seizures?	<input type="radio"/> Yes <input type="radio"/> No
Have recurrent/chronic illnesses?	<input type="radio"/> Yes <input type="radio"/> No	Passed out/had chest pain during exercise?	<input type="radio"/> Yes <input type="radio"/> No
Had a recent infectious disease?	<input type="radio"/> Yes <input type="radio"/> No	Had fainting or dizziness?	<input type="radio"/> Yes <input type="radio"/> No
Had a recent injury?	<input type="radio"/> Yes <input type="radio"/> No	Have any skin problems?	<input type="radio"/> Yes <input type="radio"/> No
Had asthma/wheezing/shortness of breath?	<input type="radio"/> Yes <input type="radio"/> No	Traveled outside the country in the past 9 months?	<input type="radio"/> Yes <input type="radio"/> No

For questions marked "Yes" above, please explain here. For travel outside the country, please name countries visited and dates of travel.

Mental/Social/Emotional Health History

If your camper has, in the past 12 months,

- Been treated for emotional or behavioral difficulties or an eating disorder
- Seen a professional to address mental/emotional health concerns
- Had a significant life event that continues to affect their life (abuse, death of a loved one, family change, separation/divorce, adoption, foster care, new sibling, disaster, trauma, others)

Please share that information as you are willing below.

Camper's Name:

Group:

Additional Camper Health/Medical Information

Medication

Medication information must be submitted into UltraCamp through the "Manage Medications" button on the camper's bio. Does this camper need to be administered medication while at Camp JCC?

Yes, see the attached medication summary. **No, this camper does not require medication.**

Camp JCC encourages your camper to arrive with sunscreen already applied. We do provide sunscreen and reapply throughout the day. Does Camp JCC have permission to apply sunscreen to your camper?

Yes, Camp JCC has permission. **No, Camp JCC does not have permission.**

Inclusion/Support Services

Camp JCC welcomes diversity in all forms. However, Camp JCC staff members are not certified to work with campers with special needs and Camp JCC does not have full time medical staff. We will do our best to work with you and your camper should there be any accommodations and/or medications your camper requires during the camp day. Should Camp JCC not be the right fit for your camper based on their specific needs and/or accommodations, we will evaluate whether or not we are able to provide your camper with the best summer experience possible.

Does this camper receive support services at school? **Yes** **No**

Type of service(s):

IEP ISP 504 Guidance PT OT Speech/Language Behavioral Plan
 Psychology Personal/Social Emotional Other None

Are you willing to share these plans or more specific information with Camp JCC staff? **Yes** **No**

Completion Acknowledgment

1. This health history is correct and accurately reflects the health status of the camper to whom it pertains.
2. The camper described has permission to participate in all camp activities except as noted by me and/or examining physician.
3. I give permission to Camp JCC staff to administer routine first aid treatment for my child.
4. If the primary, secondary, and emergency contacts listed on this form cannot be reached in an emergency, give permission to the camp to allow a physician to hospitalize and secure proper treatment for my child, but not limited to: x-rays, routine tests, injection, anesthesia, and surgery.
5. I understand the information on this form will be shared on a "need to know" basis with camp staff.
6. I give permission to photocopy this form.

If for religious or other reasons you cannot sign this form, please contact the camp for a legal waiver which must be signed for attendance.

Primary Contact Signature (via UltraCamp)

Timestamp