



Medical Forms Packet

Dear Parent or Guardian,

Enclosed you will find four forms requesting information regarding your child's general health, immunization status, allergy history, medications, and insurance information. All information will be used by our nursing and medical staff to provide your child with the highest level of care while at camp and will be kept confidential. **Please complete all forms and return or mail them to the Federation office, 3419 West Main Street, Belleville, Illinois 62226 prior to June 1st.**

Each form must be filled out completely and accurately to facilitate the safe administration of medications and emergency medical care. Please note that a lack of information can cause harm. Our goal is 100% completion of the forms with 100% accuracy. **Your child's physician will need to sign on the health history form and the medication form.**

The health history form gives us a general overview of your child's medical history. Please feel free to attach a separate page if you feel that there is additional information that we need to know. This form also provides us with contact information for parents in the event of an emergency. Please provide both home and cell numbers as well as work numbers. More information is always better.

The medication form is crucial. Please ensure that you provide the name, dose, and time for each medication. All medications should be sent in their original containers with the labels intact. Please send enough medication to cover the full camp session. Inhalers and other medications belonging to siblings may not be shared. Please ensure that each child has their own supply of meds. Some pharmacies now offer packaging options for children going to camp. Please feel free to use this service if it is convenient for you. If your child takes a medication on an as-needed basis, or if they may take themselves off of a regular medication at their discretion, please attach a separate sheet documenting your wishes. Medication administration at camp is becoming increasingly complicated. Your assistance and cooperation is greatly appreciated.

The immunization form is required by state law. If you wish, you may attach a photocopy of your child's immunization card as well.

Finally, insurance information. Although care will not be denied if your child does not have the insurance information, it could make unnecessary headaches for you later in the year in the form of direct billing. Both our medical doctor and the local hospital will bill your insurance company directly if the information is provided. Please complete the form in its entirety and attach a copy of your insurance card. A signed claim form should be attached as well.

The camp staff, nursing and medical staff thank you in advance for your cooperation with the medical documentation required. Our primary goal is the safety of your children and we look forward to a healthy summer for all.

If you have any questions or concerns about the forms or would like to talk with one of our medical professionals, please feel free to contact the office at 1-877-714-6103. We look forward to meeting everyone on June 17, 2012.

Sincerely,

Camp Ben Frankel
3419 West Main Street
Belleville, Illinois 62226

CAMP BEN FRANKEL
Health History & Examination Form

Name _____ Date of Birth _____ Age _____ Sex _____

Permanent Address _____

Primary Parent/Guardian to notify in case of emergency _____

Phone# Home () - Cell () - Work () -

Home Address _____

Business Address _____

Second Parent/Gurardian to notify in case of emergency _____

Phone# Home () - Cell () - Work () -

Home Address _____

Business Address _____

If parents not available in emergency, notify _____

Relationship _____ Address _____

Phone# Home () - Cell () - Work () -

For Females

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is menstrual history normal _____

Special consideration _____

Food Allergies _____

Dietary Restrictions _____

Does child have a disability that requires special attention? _____

If yes to above, please explain _____

Name of dentist/orthodontist _____

Address & phone # _____

Name of family physician _____

Address & phone # _____

**2012 Camp Ben Frankel
Health Insurance Form**

Camper's Full Name: _____ Date of Birth _____

Name of Health Insurance Company: _____

Identification Number: _____ Group Number: _____

Full name of the Insured Parent: _____

SS# of insured parent: _____

Please attach a copy of a claim form (if available) properly filled out and signed and a copy of both sides of your insurance card.

**2012 Camp Ben Frankel
Medication Information Form**

Allergies / Conditions: _____

Medication Name: _____

Dose / Route: _____

Frequency / Time: _____

Special Instructions: _____

Medication Name: _____

Dose / Route: _____

Frequency / Time: _____

Special Instructions: _____

Medication Name: _____

Dose / Route: _____

Frequency / Time: _____

Special Instructions: _____

Physician Signature: _____ Date: _____

Address: _____

Phone: _____

Signature of Parent or Guardian: _____

Please make copies if more space is needed.

Please Remember - Medications must be sent in the original containers and cannot be shared.

Health Care Recommendation by Licensed Physician

I have examined the above camp applicant. Date examined _____
In my opinion, the conditions listed above _____ do _____ do not preclude his/her participation in an active camp program.

Restrictions (if any) _____

Allergies (if any) _____

Other information _____

Height _____ Weight _____ Blood Pressure _____

Applicant is under care of a physician for the following condition(s) _____

Medication information form completed _____ yes _____ not applicable

THIS MUST BE COMPLETED IN ITS ENTIRETY FOR ATTENDANCE

Licensed Physician's Signature _____

Date of Form Completion _____ By* _____

**Initial if completed by nurse of physician's assistant*

IMPORTANT -- THIS BOX MUST BE COMPLETED FOR ATTENDANCE

The health history is correct so far as I know, and the person herein described as permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. This completed form may be photocopied for trips out of camp.

Parent (or Staff 18 and above) _____ Date _____

2012 CAMP BEN FRANKEL Immunization Form

Child's name _____ d/b _____

Parent / Guardian Signature _____

Date _____

May attach a photocopy