



PERSONAL HEALTH & MEDICAL FORM

Last Name	First	circle one M F	Date of Birth: mm/dd/yr
Street Address		Home Phone #	

Physician Information

Name	Phone #
Insurance	Number

DISEASE OR ILLNESS, PAST/PRESENT HISTORY OF:

Yes	No	Year	Details	Yes	No	Year	Details
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Date of last tetanus booster: mm/dd/yr

ALLERGIES

Allergic to	Reaction	Treated With
Allergic to	Reaction	Treated With
Allergic to	Reaction	Treated With

MEDICATION

Is your child taking medication? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please specify:
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I declare that my child has Medical insurance to cover all the cost or I will be fully responsible for any medical cost incurred and not hold the camp responsible at all. In the absence of an authorized parent or guardian, Camp Gan Israel and its agents have my authority to transport my child to the nearest hospital and to secure all necessary medical treatment for my child, including anesthesia and any other medical treatment deemed necessary to my child when appropriate. I hereby give Camp Gan Israel of Los Angeles and Beverly Hills permission to take my child on all outings and trips.

Print Name: _____ Relationship to child: _____
 Signature: _____ Date: _____