

Pripstein's Camp Health Examination Form

Winter: 4999 Ste. Catherine West #220, Westmount, Quebec, Canada H3Z 1T3 tel: (514) 481-1875 fax: (514) 481-7863

Summer: St. Adolphe d'Howard, Quebec, Canada J0T 2B0 tel: (819) 327-2260 fax: (819) 327-2441

www.mishmar.com e-mail: camp@mishmar.com

Form should be completed by a physician or parent or staff if 18 yrs.+ & returned to the camp office by June 1st

The information which you provide on this medical form will remain strictly confidential. In order to ensure the health and welfare of your child, it is imperative that all information regarding his/her past medical history be disclosed. Pripstein's Camp cannot accept responsibility for previously known conditions that are not disclosed on this form.

Name: (camper/CIT/Staff) _____

Medicare/Health Insurance Number _____ Expiry _____

Mother's name _____ Phone # (H) _____ (W) _____ (C) _____

Father's name _____ Phone # (H) _____ (W) _____ (C) _____

Emergency contacts (other than above) _____ Phone# _____

Relationship to camper _____

Doctor's name _____ Phone # _____

Dentist/Orthodontist's name _____ Phone# _____

Medications: (Unless otherwise instructed, all medications should be kept and dispensed through the camp's infirmary.)

Allergies: (Please indicate the degree of allergy & if EPIPEN required)

Foods: _____

Medications: _____

Other Allergies (insects, animals, etc.): _____

Last Immunization Dates:

Tetanus (dT, DPT, Adacel, Quadracel, Pentacel): _____

Measles/Mumps/Rubella(MMR): _____

Are all other vaccinations up to date? Yes _____ No _____

Past Medical History:

(Any significant medical problems ongoing or in the past, or any other additional information that the camp physician, director and counselors should know)

Camper/CIT/Staff : Height _____ Weight _____

Has the camper/CIT/staff had chicken pox? Yes _____ No _____

Are there any restrictions to participating in camp activities? Yes _____ No _____

If yes, please elaborate: _____

Are there any dietary restrictions? Yes _____ No _____

If yes, please elaborate: _____

I/We confirm that the above named camper/CIT/staff is in good health. As well, I/We hereby give consent to Pripstein's Camp Mishmar and its director and/or its medical personnel to undertake all appropriate treatments in case of illness or emergency for my child.

Form completed by:
(please print): _____

(Signature): _____ Date: _____