



Camp TOV Medical Form

Please send these forms to us by either:

Mail: Jewish United Fund/Jewish Federation of Metropolitan Chicago
Attn: Camp TOV
30 South Wells Street, Room 5034
Chicago, IL 60606

Fax: Attn: Camp TOV
312-444-2086

PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent or guardian. Please print in ink.

IDENTIFICATION

Camper's name _____

Date of birth _____ Age _____ Sex M F

Height _____ Weight _____ Eye color _____ Hair color _____

Name of Primary Care physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy No. _____

***Parents:** Please attach a **current photo of your child** for security and identification purposes, and a copy of your teen's **immunization records**. All immunizations must be up to date in order to attend Camp TOV.

I give my child _____ permission to fully participate in JUF's Camp TOV program, subject to limitations noted herein. **In case of emergency**, I understand every effort will be made to contact me by phone prior to administering any emergency treatment. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Furthermore, I hereby release the Jewish Federation/Jewish United Fund and its Camp TOV staff from any and all liability resulting from or in any manner arising out of any injury or damage which may be sustained by said child and any loss or damage to property on account of his/her participation in said activity, or in the transportation in connection therewith. I understand that the Jewish Federation/Jewish United Fund is not liable if my child chooses to leave the Camp TOV program early.

Name of parent or guardian _____

Signature of parent/guardian _____

Date _____



Camp TOV Medical Form

If parent/guardian is not available in the event of an emergency, please notify:

Name _____

Relationship _____ Home phone _____

Cell phone _____ Work phone _____

Check all items that apply, **past or present**, to your camper's health history.

GENERAL INFORMATION:

Has/does the camper have:	Yes	No
1. ADHD (Attention Deficit Hyperactivity Disorder)?		
2. Asthma?		
3. Convulsions/seizures?		
4. Hemophilia?		
5. Diabetes?		
6. High blood pressure?		
7. Cancer/leukemia?		
8. Wear glasses, contacts or protective eyewear?		
9. A recent injury		

Please explain any "yes" answers, noting the number of the question:

ALLERGIES: Yes / No

Medication: _____

Food: _____

Other: _____

Please describe the reaction and management of the reaction:

Does your child have an EpiPen? **Yes / No**

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Camp TOV Medical Form

MENTAL, EMOTIONAL, and SOCIAL HEALTH:

Has the camper:	Yes	No
1. Ever been treated for emotional or behavioral difficulties?		
2. During the past 12 months, seen a professional to address mental/emotional health concerns?		
3. In situations with other children (school, camp, etc.), has your child exhibited any behavioral concerns (i.e. physical aggression, difficulty managing stress, competitiveness, etc.)?		
4. Had a significant life event that continues to affect the camper's life? (<i>death of a loved one, family change, new sibling, survived a disaster, others</i>)		

Please explain any "Yes" answers in the space below, noting the number of the questions. Camp TOV staff may contact you for additional information.

MEDICATIONS:

Please list ALL medications (including over-the-counter, vitamins or non-prescription drugs) taken routinely.

Check here if your camper does NOT take medications on a routine basis.

Medication #1 _____ Medication #2 _____
Dosage _____ Dosage _____
Reason for taking _____ Reason for taking _____

Attach additional pages if needed.

Please list the **medications to be taken at camp**, including drug, dosage, delivery method (oral, injection, etc.), and frequency¹:

WHAT HAVE WE FORGOTTEN TO ASK?

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the Camp TOV program. Attach additional information if needed.

¹ ***Campers must be able to administer their own medications. Camp TOV will not be responsible for transporting, storing, or administering medications.



Code of Conduct and Dress Code

In order to ensure the safety and well-being of Camp TOV participants and staff, the following policies will be enforced:

1. Campers will treat other campers and staff with respect. Bullying, teasing and excluding others from the group will not be tolerated.
2. Each participant is expected to maintain proper decorum and attitude during the entire program. Disruptive behavior (including, but not limited to, inappropriate sexual behavior) will not be tolerated. The camper's parents will be responsible to pay for any damage caused by the participant. Based on the degree of inappropriate, destructive, or dangerous behavior may prohibit participation in future TOV programs.
3. Any participant who is deemed to be a danger to him/herself, to others or to the program will not be permitted to participate in Camp TOV activities.
4. No participant may leave the program without the permission of the Camp TOV staff, or a written letter from the participant's parent/guardian.
5. Each participant is expected to conduct him/herself appropriately as a representative of the Jewish United Fund and Camp TOV, in accordance with the applicable standards of the Jewish United Fund and/or the affiliate and partner agencies.
6. Possession and/or consumption of any illegal or unlawful item will result in immediate dismissal from the program. These items include: cigarettes, alcohol, narcotics, marijuana, other illegal drugs, or prescription drugs not prescribed for the user, and weapons.
7. JUF reserves the right to search the belongings of any attendee if it has reasonable grounds to believe that such a search is necessary to secure the health, safety and/or welfare of the program and or its participants. The Program Coordinator, in consultation with the JUF Senior Planner, Assistant to Executive Vice President, reserves the right to enforce other rules relating to the integrity of the program and/or the safety, health or welfare of its participants.
8. Each participant must respect client confidentiality. Often doing mitzvot involves working with individuals who are in rough circumstances. Jewish law teaches us that we should treat every person with the utmost respect and dignity, regardless of their situation. We can do this by keeping names and/or information that you might learn or observe while visiting an agency confidential.
9. If punishment for an offense includes dismissal from the remainder of the program, no refund for the remainder of the program will be given.
10. **Dress code:** The Camp TOV t-shirt and closed-toe shoes must be worn every day. Shorts must be at an appropriate length and special clothing requirements may be requested of the campers (i.e. pants). Do not plan to wear any item of clothing that is strapless, or reveals your midriff or undergarments. No garment should display graphics of drugs, alcohol, profanity or violent acts.

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Please sign and return

By my signature, I certify that I will adhere to the program, observe the code of conduct and dress code (which I have read), and will conduct myself in a manner reflecting credit upon my community. Any violation of this code of conduct or dress code may result in my dismissal from the program at my parent's expense. The Program Coordinator has the sole discretion to send a participant home.

Signature of Camper _____

Print Name _____ Date _____

I, _____, the parent/ guardian of _____, a minor, who will be participating in Camp TOV, do hereby certify that I have read the Code of Conduct set forth above. I do hereby agree that if my child who has signed the above Rules of Conduct fails to adhere to the Code, then in such event those persons in charge of the program may send my child home at my expense. I understand that the Camp TOV staff has the sole discretion to send my child home.

My child has my consent to attend and to participate in the scheduled program. There are no limitations or restrictions of any kind whatsoever on such participation unless this box is checked with explanation attached to this page. You are expressly authorized to engage appropriate health care providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstance, if you are not able to timely contact me for instructions, acting as my authorized agent and at my sole cost and expense. There are no exceptions or limitations, or other special instructions, in connection with the foregoing, unless this box is checked with explanation attached to this page. Unless this box is checked and I have provided you with specific instructions, directions or other specific data to the contrary, as indicated on this application, you may assume that the minor has no medical disabilities, allergies or other limitations of any kind whatsoever that might in any way limit participation in the scheduled activity. I am aware that this form may be photocopied for use by medical caregivers.

Signature of Parent/Legal Guardian:

Print Name: _____ Date: _____



CAMP TOV PHOTO RELEASE FORM

I have been made aware of the fact that the events in which my teenager is participating may be photographed by either amateur or professional photographers. The photographs taken may be used both for purposes of reporting on the event, promoting future events or for such other use as the organization may determine. I have no objection to these pictures being used at any time for promotional use by JUF/Jewish Federation. It is my understanding that by signing this document I consent to the use of the pictures just referred to for any purpose whatsoever.

Camper's Name: _____

Parent/Guardian Signature: _____