



WILSHIRE BOULEVARD  
TEMPLE CAMPS  
MALIBU, CALIFORNIA

# HEALTH EXAMINATION FORM

■ Camper & CIT

**FORM MUST BE RETURNED BY MAY 1, 2009**

Mail to: Wilshire Boulevard Temple Camps  
3663 Wilshire Boulevard  
Los Angeles, CA 90010-2798  
T: (213) 388-2401 F: (213) 288-2595

For office use only  
Session:

Grade in Fall 2009: \_\_\_\_\_

## To be completed by Parent/Guardian

First Contact Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ Email (required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Contact Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ Email (required) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are parents:  Married  Divorced  Separated  Other \_\_\_\_\_ With whom does camper reside \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

(other than parents) Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I/We will be traveling while my/our camper is at Camp from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

The following person has our itinerary \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Attach a copy of front and back of insurance card

Medical Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber/Membership # \_\_\_\_\_ Group # \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

*The Camp's medical insurance is secondary to family insurance coverage.*

## Consent for treatment and emergency treatment of a minor, pursuant to California State Law:

I, \_\_\_\_\_ the legal guardian of \_\_\_\_\_, a minor, attest that this health history is accurate, and that the child has permission to engage in all Camp activities, except as may be noted on this form. I authorize the Camp Director and/or his/her designee to consent, in my absence, to all x-ray examination, anesthetics, medical, dental and surgical diagnosis and treatment, and/or hospital care as may be necessary to be rendered to my child. All care provided is to be under the direct supervision of a physician or dentist licensed under the Medical Practices Act of the State of California.

I further give my permission to the physicians, nurse, or camp personnel selected by the Camp Director to advise or treat my child for any illnesses or medical condition while he/she is at Camp. I authorize any physician, nurse, or other health care provider, to communicate with the medical staff and the Camp Director, or his/her designee including counselors and other staff, about my child's medical condition, treatment, and/or prognosis when the medical staff, in its sole discretion, believes such communication to be in the best interest of the child.

These authorizations are limited to June 1 through August 31, 2009.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



# HEALTH HISTORY

This form to be completed by Parent/Guardian

- A. Has camper had any recent injury requiring treatment at Camp?  No  Yes \_\_\_\_\_
- B. Had any serious injury or illness?  No  Yes \_\_\_\_\_
- C. Has camper had any surgery?  No  Yes \_\_\_\_\_
- D. Does the camper have any chronic medical condition?  No  Yes \_\_\_\_\_
- E. Is camper restricted from any camp activity?  No  Yes \_\_\_\_\_
- F. Will the camper bring an orthopedic device, brace, splint, etc.?  No  Yes \_\_\_\_\_
- G. Does the camper have orthodontia?  No  Yes \_\_\_\_\_  
Name/Phone of Orthodontist \_\_\_\_\_
- H. Seizures?  No  Yes \_\_\_\_\_
- I. Asthma?  No  Yes \_\_\_\_\_
- J. Bleeding Disorder?  No  Yes \_\_\_\_\_
- K. Diabetes ?  No  Yes \_\_\_\_\_
- L. Heart Condition?  No  Yes \_\_\_\_\_
- M. Other  No  Yes \_\_\_\_\_

**CAMPER IS ALLERGIC TO THE FOLLOWING:**

Describe allergic reaction

Medication \_\_\_\_\_

\_\_\_\_\_

Food \_\_\_\_\_

\_\_\_\_\_

Insect \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**MEDICATION:**

All medication **given on a daily basis**, including over-the-counter medication, vitamins, nutritional supplements, etc., **MUST** be packaged by **CampMeds Inc., NO EXCEPTIONS**

Camper takes **no medication on a daily basis**

Camper takes daily medication as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

To be taken:  At Wake-up  Breakfast  Lunch  Dinner  Bed  Other \_\_\_\_\_  Or, As needed only

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

To be taken:  At Wake-up  Breakfast  Lunch  Dinner  Bed  Other \_\_\_\_\_  Or, As needed only

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

To be taken:  At Wake-up  Breakfast  Lunch  Dinner  Bed  Other \_\_\_\_\_  Or, As needed only

Med #4 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

To be taken:  At Wake-up  Breakfast  Lunch  Dinner  Bed  Other \_\_\_\_\_  Or, As needed only

Med #5 \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

To be taken:  At Wake-up  Breakfast  Lunch  Dinner  Bed  Other \_\_\_\_\_  Or, As needed only

Identify any medications taken during the school year that participant may not bring to Camp \_\_\_\_\_

*Medication holidays are not encouraged at camp.*



# HEALTH HISTORY *continued*

To be completed in ENTIRETY by licensed medical personnel or their legal designee only.

Camper's Name \_\_\_\_\_ Session \_\_\_\_\_

The most recent physical exam must be within 24 months of the start date of camp (June 2009).

Please fill out completely or attach copy of immunization record to last page of form. The camp DOES NOT refer to past records.

### REQUIRED IMMUNIZATIONS AND DATES:

	#1	#2	#3	#4	#5	Booster	
Polio							booster within last 10 years
DTP/dT							
MMR			2nd MMR required				
Hepatitis B							
Varicella		or date of disease:					
TB Skin Test (Mantoux)	Date Given	Date Read	Result	No Risk Factors, TB Skin Testing not indicated			
Hepatitis A			Not required				

Date of most recent Exam \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

*Must be within 24 months of the camp start date (June 2009)*

In my opinion, this child  IS  IS NOT able to participate in an active camp program, if not please explain. This child is under my (or another physician's) care for the following conditions and/or takes the following medications:

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The above named child had a complete physical exam performed by me. The Health History and Immunization Records have been reviewed. There is no apparent contradiction to full participation in Camp activities and sports, unless described above.

SIGNATURE (required) \_\_\_\_\_ Date signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

License Number (California Medical Board or Board of Registered Nursing for Nurse Practitioners) \_\_\_\_\_

**FOR CAMP USE ONLY**



# PERSONAL INFORMATION FROM PARENT TO CAMP STAFF

## This form to be completed by Parent/Guardian

The personal information forms will be shared with your camper's counselor.

Please complete and return with medical form

**OR detach and return by May 1, 2009**

to Wilshire Boulevard Temple Camps

3663 Wilshire Boulevard

Los Angeles, CA 90010-2798

T: (213) 388-2401 F: (213) 288-2595

Session Name \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_ M/F \_\_\_\_\_

Camper birth date \_\_\_\_\_ Name of School \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

This sheet is being completed by \_\_\_\_\_ Relationship \_\_\_\_\_

Camper lives with:  Both parents  Father  Mother  Other (please specify) \_\_\_\_\_

**Please note: The more detailed and candid information you provide us about your child the better able we will be to serve his or her needs. Your child's counselors will review these forms with the Head Counselor and/or Unit Heads.**

What are your goals for your child this summer, and how can we help him/her attain these goals? \_\_\_\_\_

Are there any special circumstances or family issues that may affect your child this summer? (divorce, death, illness, new baby, new marriage, etc.) \_\_\_\_\_

Are there any personal matters of which we should be aware? (fears, bed-wetting, etc.) \_\_\_\_\_

Socially, how would you describe your child? (shy, out-going, makes friends easily, etc.) \_\_\_\_\_

Are there any learning or social issues of which we should be aware? (ADHD, Dyslexia, Asperger's, etc.) \_\_\_\_\_

Are there any health matters of which we should be aware? (allergies, asthma, etc.) \_\_\_\_\_

Is your child currently taking any medication? Which one(s)? \_\_\_\_\_ for \_\_\_\_\_

Will he/she be taking this medication while at camp? \_\_\_\_\_

(\*\*If camper takes meds at home, please continue through the summer\*\*)

Has your child expressed any concerns, fears or anxieties about going to camp? \_\_\_\_\_

What is effective discipline for your camper at home? ("time-outs", discussion, consequences, etc.) \_\_\_\_\_

What are good rewards for your camper at home? \_\_\_\_\_

**The best way to reach me in case of an emergency or behavioral issue is:** \_\_\_\_\_

Please complete, if applicable: I/We will be traveling from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ while my/our camper is at Camp.

(Name of Person) \_\_\_\_\_ has my/our itinerary. He/she can be reached at: Cell \_\_\_\_\_ Day/Evening \_\_\_\_\_

We prefer that this document is returned in entirety. However, if you require more time for the non-medical portion of this form, please detach here and mail to the address indicated by May 1, 2009



# CAMPER INFORMATION AND PERSONAL INTEREST FORM

This form to be completed by the CAMPER

Please complete and return with medical form  
OR detach and return by May 1, 2009  
to Wilshire Boulevard Temple Camps  
3663 Wilshire Boulevard  
Los Angeles, CA 90010-2798  
T: (213) 388-2401 F: (213) 288-2595

Session Name \_\_\_\_\_ Date \_\_\_\_\_

The information on this page is important for your counselors. We can plan a better summer for you if we know what you want and what you have to contribute.

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Your grade in Fall 2009 \_\_\_\_\_

Have you ever been away from home before?  No  Yes If yes, for how long? \_\_\_\_\_

Have you ever attended Camp before?  No  Yes If yes, please give year(s) and Camp(s):  
Year \_\_\_\_\_ Camp \_\_\_\_\_ Year \_\_\_\_\_ Camp \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

Which sports do you enjoy? \_\_\_\_\_

What musical instrument do you play? \_\_\_\_\_

What are you favorite foods? \_\_\_\_\_

What is your favorite way to spend a free afternoon? \_\_\_\_\_

What are your favorite T.V. shows? \_\_\_\_\_

What is your favorite musical group or singer? \_\_\_\_\_

What are your special talents? (everyone has at least 1!) \_\_\_\_\_

Which camp activity do you enjoy most? \_\_\_\_\_

Which camp activity do you enjoy least? \_\_\_\_\_

What are your goals this summer? (make new friends, hike, learn how to swim, etc) \_\_\_\_\_

\_\_\_\_\_

Is there anything that you are afraid or worried about at camp? If so, what? \_\_\_\_\_

\_\_\_\_\_

What can we do to make this your best summer ever? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like us to know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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