

GALILEE MEDICAL INFORMATION FORM 2018

NO ONE WILL BE ADMITTED WITHOUT THIS FORM – PLEASE COMPLETE BOTH SIDES

Again this year: All forms are due to Galilee by May 31 for summer 2018 programs. Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413. Scanned copies can be emailed to registrar@galileetahoe.org.

Parent/Guardian Section (Please Print)

Today's Date _____

CAMPER'S NAME _____ M ____ F ____ Birth Date _____
Last First Initial

Camp Session _____ Dates _____ Parent/Guardian _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Physician _____ Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____ Relationship _____

PARTICIPANT'S HEALTH HISTORY: Please check:

Asthma* Yes ____ No ____ ADD/ADHD Yes ____ No ____ Headaches Yes ____ No ____

Heart Defect/Disease* Yes ____ No ____ Head Lice (Recent) Yes ____ No ____ Fainting Yes ____ No ____

Seizures* Yes ____ No ____ Bed Wetting Yes ____ No ____ Ear Infections Yes ____ No ____

Diabetes* Yes ____ No ____ Sleepwalking Yes ____ No ____ **Under Dr. s Care*** Yes ____ No ____

Recent Hospitalization* Yes ____ No ____ Tuberculosis Yes ____ No ____ Other (Explain below) Yes ____ No ____

***Note: If "Yes" for any BOLD* items above, a Doctor's written authorization is required prior to attending camp. (Form on back.)**

Childhood Diseases: _____

List any recent operations or injuries which would be helpful to camp Medical staff: _____

Any recent illnesses (past two months)? _____

Please check if any of these dietary preferences apply: Vegetarian? ____ Vegan? ____ Lactose Free? ____ Gluten Free? ____

Any food allergies? For each food listed, please specify the severity of reaction (mild discomfort, extreme discomfort, or life-threatening), and whether the food can be present in the dining hall as long as it is not ingested by the camper, or whether the food must be kept completely out of the dining hall. _____

List any allergic reactions to any medications: _____

Childhood Immunizations (give type and approximate date): _____

Date of last Tetanus injection: _____ Date of last Physical Exam: _____

List any medications being sent to camp (Over-the-counter as well as prescription. **All medications must be in original containers.**): _____

Any special medical care needed? _____

Are there any restrictions in any of the physical programs (swimming, hiking, games, etc.?) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. _____

Medical Insurance Carrier _____ Policy or Group # _____

Camper Agreement Section

I have read the letter for my session at Camp Galilee and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Galilee, other campers and the camp staff. By signing below I acknowledge that Camp Galilee is a place where discrimination, based on race, religion, gender, gender identity and sexuality is not tolerated. I will not bring alcohol, illegal drugs, or weapons to camp or use them while at camp. I understand that failure to live up to this agreement may result in early dismissal from Camp Galilee without a refund.

I understand that the kayaking and/or rock climbing, in which I may participate at Camp Galilee are strenuous physical activities presenting the risk of accident, injury, illness, or death. I also understand that no amount of supervision or care can eliminate the possible danger involved. For these reasons, I agree to be responsible for my own safety while participating in the kayaking and/or rock climbing activities and to follow carefully all instructions and procedures.

Date: _____ Camper Signature: _____ Name (please print): _____

Physician's Authorization to Attend Camp Galilee – 2018

Name of patient: _____ Camp Session: _____ Dates: _____

This section required if a camper is currently under a Doctor's care or has a history of Asthma, Heart defect/disease, Seizures, Diabetes, or recent hospitalization.

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Physician – please note: because of the camper's medical history, we have asked for your written authorization prior to the camper's attendance. The program consists of a variety of active activities, including moderate hiking, games and activities in the forest, at an elevation of up to 8000 feet. Your careful consideration is appreciated.

Remarks:

Check: **Nose** _____ **Throat** _____ **Heart** _____
 Skin _____ **Hernia** _____ **Abdomen** _____
 Ears _____ **Other** _____

Are there any restrictions in any of the physical programs (swimming, hiking, kayaking, games, etc.?)

I have examined the applicant for entrance to Camp Galilee and find the camper physically qualified to be accepted as a camper and to enter into all camp activities, except as noted.

Signed _____ Date _____

Physician's Name _____ Phone (____) _____