

← Please note both sides.

Camp Office:
 5515 New Utrecht Avenue
 Brooklyn, NY 11219
 Phone: 718-437-7117
 Fax: 718-437-7644

CAMP DORA GOLDING for BOYS Medical Form

If this form is not completed and returned by June 1, your child will not be permitted to attend camp.
(To be completed by the parent)

COMING: FIRST NAME _____ LAST NAME _____ DOB ____/____/____
 Trip 1 STREET ADDRESS _____ CAMPER SS#: _____
 CITY _____ STATE _____ ZIP _____ PHONE # (____) _____ - _____
 Trip 2 CELL PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____
 FAMILY PHYSICIAN _____ PHONE (____) _____ - _____

IN EMERGENCY CALL:
 NAME: _____

 RELATIONSHIP: _____

 PHONE #: _____
 (____) _____ - _____

(To be Completed by Examining Physician)

Immunizations:

Immunization Type	Date Basic Series Completed	Most Recent Booster
DPT/ DT		
Tetanus		
MMR 1		
MMR 2		
HIB		
OPV / IPV		
Hepatitis A		
Hepatitis B		
Tine Test		
Varicella		
Meningococcal		

Physical Exam

Code: S- Satisfactory X-Not Satisfactory (explain)			
B.P.		Hgb. Test Done:	
Urinalysis Test Done:			
Height		Heart	
Weight		Lungs	
Eyes		Abdomen	
Glasses		Genitalia	
Ears		Hernia	
Nose		Extremities	
Throat		Posture (Spine)	
Teeth		Skin	

Allergies: _____
 Allergic Reactions (bee stings, penicillin, etc...) _____
 Recommendations and Restrictions: _____
 Current Medical Conditions: _____
 Medications to be continued at Camp (name, strength & dosage): _____
 Would you like us to be aware of anything to assist us in caring for your child? (frequent colds, ear infections, sore throats, stomach problems, diarrhea, nausea, vomiting, constipation, insect bites, sleep walking, etc....) _____



I have examined the above patient. Date Examined: _____
 In my opinion his condition **does** ____/ **does not** ____ allow participation in an active camp program.
 Exceptions: _____
Physician's Signature: _____ **Date** _____ **Phone #:** (____) _____ - _____



Insurance Information

Parents: Please fill out your insurance information below:

Medical Insurance Carrier _____

Policy/ Group #: _____

Policy Holder _____

PLEASE PASTE AND/OR STAPLE A COPY OF YOUR INSURANCE/ PRESCRIPTION CARD IN THE DESIGNATED BOX BELOW

Please paste / staple a
COPY of the **FRONT** of your
INSURANCE Card

Please paste / staple a
COPY of the **FRONT** of your
PRESCRIPTION Card
(if different)

Please paste / staple a
COPY of the **BACK** of your
INSURANCE Card

Please paste / staple a
COPY of the **BACK** of your
PRESCRIPTION Card
(if different)

CAMP FEE DOES NOT INCLUDE MEDICAL EXPENSES. If your child receives any medical treatment whatsoever during the summer, Camp Dora Golding will utilize the attached insurance/ prescription cards. In the unlikely event that the pharmacy/doctor does not accept your medical/prescription card, I hereby authorize Camp Dora Golding to use the following credit card for purposes of paying for such charges.

Name on Card: _____ Discover | Visa | MasterCard (Circle one)

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

Parent's Authorization

It is our firm hope that the authorization below will never have to be used. In an emergency, however, where immediate treatment is required before a parent can be contacted, this form can be extremely important. Without it, many doctors and hospitals will refuse to treat a minor as a matter of sound medical practice. Therefore, Camp requires this authorization to be signed by a parent for every camper and staff member.

In case of emergency, I, (please print name) _____

hereby authorize the doctor or the hospital to which my child,

_____, may be brought, (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, injections and the administration of an anesthetic to my child.



Signature of Parent or Guardian

Date

*****IMPORTANT:** The Camp office must be notified if your child is exposed to any communicable disease during the *three weeks prior* to Camp attendance. ***