



CAMPER HEALTH AND RELEASE FORM

This form must be completed by **parent/guardian** in order for your child to attend camp. Physician Health Form or annual physical form with camper’s health history and immunizations must be attached.

This form can be completed online through your family profile page at **bostonjcc.org/family-profile** or returned to JCC Camping Services, 333 Nahanton Street, Newton, MA 02459. PLEASE COMPLETE ONE FORM PER CAMPER.

Please check all applicable camps:

- Camp Grossman**
617.244.5124 or grossman@jccgb.org
Health forms due April 15
- Camp Kaleidoscope**
617.558.6523 or kaleidoscope@jccgb.org
Health forms due May 1
- Camp Thrive**
617.558.6456 or campthrive@jccgb.org
Health forms due upon registration

CHILD’S NAME	Date of birth	Gender
Parent/Guardian name		Best daytime phone
Parent/Guardian name		Best daytime phone
Emergency contact (other than parents)		
Best daytime phone		Relationship
Medical insurance company		Policy #

OVER THE COUNTER MEDICATION

I hereby authorize JCC Greater Boston, Inc. to administer/dispense the following over the counter medications at their discretion to my child, named above. I understand that the camp is rendering a service and does not assume any responsibility in this matter. Note: Any other medication to be administered at camp **MUST** be given to the Camp Nurse before your child begins camp, accompanied by the Health Alert and Medication Authorization Form, available at bostonjcc.org/camps.

- Acetaminophen (Tylenol) – fever/headache
- Dephenhydramine (Benadryl) – allergic reaction
- Ibuprofen (Advil) – fever/headache
- Tums – upset stomach

HEALTH ALERTS – Check all that apply*:

Allergies:

- Bee stings
- Latex
- Peanuts
- Other food _____
- EpiPen
- Seasonal allergies
- _____

- Asthma**
- Cardiac history**
- Diabetes** Type One Type Two
- Seizure history**
- Will take daily medication at camp (see note above)**
- Will take medication at camp during overnights (Grossman only)**
- Other** _____

*If any of the above apply, you must also submit the **Health Alert and Medication Authorization Form**.

Both sides of this form must be completed, including signature on next page.

FOR OFFICE USE:
 Child ID # _____
 Bunk # _____

continued on reverse side



HEALTH HISTORY (please provide details and dates as applicable)

Ear, nose, throat	Glasses/hearing aids	Endocrine/metabolic
Cardiovascular	Mental/neurosensory (seizure)	Respiratory
Gastrointestinal	Emotional health concerns	Muscular/skeletal
Other health concerns or details of above		
Operations or serious injuries (dates)		
Chronic or recurring illnesses		
Behavioral health services		
Current medications and dosage taken at home		

MEDICAL

Camp registration is not complete unless the following signed health and release forms are submitted:

- **Physician Health Form** (dated within one year of August of the current camp season indicating health history and immunizations are current) Your physician may have their own form. This can be submitted in lieu of this one.
- **Camper Health and Release Form** (completed by parent/guardian)
- If applicable, Health Alert and Medication Authorization Form (for campers with significant allergies, other health concerns, or those who take medication at camp) (completed by parent/guardian and physician if applicable)

To the best of my knowledge, this health history is correct and the child herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. I understand that in any medical situation every effort will be made to reach me. In case of emergency, I hereby give permission for the physician selected by JCC Greater Boston, Inc. to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as previously named. I hereby certify that my child is healthy and I will notify Camp in writing of any allergies or conditions that he/she may have.

I acknowledge that camp medical forms, listed above, must be submitted prior to my child beginning camp and that they will include any significant health or medical information. I understand that all campers are required to show proof of medical insurance coverage, as JCC Greater Boston does not carry camper medical insurance.

In case of illness or injury during the summer, fee adjustments must be approved by the Director with a physician’s note and will only apply to full weeks, Monday-Friday. Partial weeks will not be considered or combined. Adjustments will be in the form of a partial credit toward the following summer.

PARTICIPATION

I hereby grant permission for my child to participate in camp activities both on and off camp grounds as planned for and supervised by JCC Greater Boston Staff. I understand that JCC Greater Boston is not responsible for my child’s personal property.

MARKETING

I hereby grant permission to JCC Greater Boston to use my photograph or video imagery or the photograph or video imagery of my child(ren) in any communication, marketing materials, or in cooperation with media and other organizations without consideration. I acknowledge JCC Greater Boston’s right to crop or treat the photograph at its discretion. I acknowledge that JCC Greater Boston may choose not to use my photo or video imagery or my child’s photo or video imagery at this time, but may do so at its own discretion at a later date. I agree to indemnify and hold harmless from any claims against JCC Greater Boston, partner organizations and all employees related to the subject matter hereof. JCC Greater Boston reserves the right to discontinue use of photos without notice.

LIABILITY

I hereby unconditionally release JCC Greater Boston and Combined Jewish Philanthropies, Inc. and any of their officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation in any and all programs and activities, including provided travel to and from, in which I or any members of my family participate at Camp Grossman, Camp Kaleidoscope, JCC Specialty Camps, JCC School Vacation Camp, or any other day camp provided by JCC Greater Boston.

I attest to the fact that all information herein is both accurate and true. My signature below indicates acceptance of all terms and conditions stated on all pages of this form.

Parent/Guardian signature

Print name

Date