

# GALILEE MEDICAL INFORMATION FORM 2019

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

All forms are due to Galilee by May 31 for summer 2019 programs. Completed forms can be mailed to: Galilee Registrar, PO Box 236, Glenbrook, NV 89413. Scanned copies can be emailed to [registrar@galileetahoe.org](mailto:registrar@galileetahoe.org).

## Parent/Guardian Section (Please Print)

CAMPER'S NAME \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Today's Date \_\_\_\_\_  
Last First Initial Birth Date \_\_\_\_\_  
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:

<b>Asthma*</b>	Yes	No	ADD/ADHD	Yes	No	Headaches	Yes	No
<b>Heart Defect/Disease*</b>	Yes	No	Head Lice (Recent)	Yes	No	Fainting	Yes	No
<b>Seizures*</b>	Yes	No	Bed Wetting	Yes	No	Ear Infections	Yes	No
<b>Diabetes*</b>	Yes	No	Sleepwalking	Yes	No	<b>Under Dr. s Care*</b>	Yes	No
<b>Recent Hospitalization*</b>	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 not be served in 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. 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 – 2019***

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:

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Check:      **Nose** \_\_\_\_\_                      **Throat** \_\_\_\_\_                      **Heart** \_\_\_\_\_  
                 **Skin** \_\_\_\_\_                      **Hernia** \_\_\_\_\_                      **Abdomen** \_\_\_\_\_  
                 **Ears** \_\_\_\_\_                      **Other** \_\_\_\_\_

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

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**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 (\_\_\_\_) \_\_\_\_\_